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ABSTRACT

This factbook presents the second comprehensive look at the conditions of children and families in Maryland. It can be used as an important tool in measuring how well or how poorly children are doing in 15 baseline outcome measures, organized in four basic sections: economic well-being, good health, safety, and preparing for adulthood. The data are presented in tabular form by outcome measures and compare counties and change over years of available data. Specific measures include: (1) child poverty; (2) child support; (3) births to teens; (4) low birthweight infants; (5) infant mortality; (6) pediatric AIDS; (7) lead poisoning; (8) child deaths; (9) teen violent deaths; (10) child abuse and neglect; (11) juvenile violent crime; (12) school violence; (13) third grade reading; (14) on-time graduation rate; and (15) high school completion. The report presents encouraging news concerning infant mortality rates, percent of births to teens, and educational outcomes. Little or no progress is found in child and adolescent safety, child abuse and neglect, arrests for violent crimes, and violent deaths among teens. Overall, the report indicates that although Maryland has the sixth highest per capita income in the United States, it ranks 32nd in the nation on the well-being of its children. An appendix contains a demographic profile of Maryland's children. Contains references, a list of primary and secondary data sources, and the methodology used to compute the findings. (SD)

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MARYLAND'S 1994 KIDS COUNT FACT BOOK

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FACTBOOK

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MARYLAND 1994 KIDS COUNT FACTBOOK

WHAT IS KIDS COUNT?

Maryland KIDS COUNT is a four-year project, begun in January, 1993, funded by the Annie E. Casey Foundation. Maryland KIDS COUNT profiles the status of children in Maryland by tracking outcomes of economic well-being, health, safety and education. The objective of this project is to promote public education and accountability for the critical situation facing our children today. It is our hope that this increased awareness will prompt the interest of all Marylanders to work toward improving the quality of life for our children.

Maryland KIDS COUNT Partnership is a collaborative effort of the following: Advocates for Children and Youth, Inc. (lead agency), Baltimore Community Foundation, Baltimore Urban League, Inc., Friends of the Family, Inc., Office for Children, Youth and Families, Maryland Association of Resources for Families and Youth, Maryland Alliance Against Family Violence, Maryland Business Roundtable for Education, Maryland Committee for Children, Inc., Maryland Education Coalition, Maryland Food Committee and Mental Health Association of Maryland.

Additional copies of the ***Maryland 1994 KIDS COUNT Factbook*** are available for a fee of $15.00 (postage included). County specific factsheets are available free of charge.

For further information about KIDS COUNT publications contact:

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MARYLAND

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OVERVIEW AND FINDINGS

WHY THIS BOOK?

The *Maryland 1994 KIDS COUNT Factbook* presents the second comprehensive look at the conditions of children and families in Maryland. As an important tool in measuring how well or how poorly children are doing, this *Factbook* provides 15 baseline outcome measures of child health, education and socio-economic well-being in each Maryland county. These measures are categorized under the four **BASICS —ECONOMIC WELL-BEING, GOOD HEALTH, SAFETY AND PREPARING FOR ADULTHOOD.** The *1994 Factbook* also examines some of the services children receive. Together, these data illustrate the severity of risks faced by children and youth in Maryland today.

This *Factbook* is also an important tool in educating the public and decision-makers on the status of children in Maryland. It builds a strong and effective case for improving measurable outcomes for Maryland's children. It is our hope that this increased awareness will prompt the interest of business leaders, media, public servants, elected officials, community groups and citizens to work toward public and private solutions to the present and future crises our children face. Marylanders have a shared responsibility to ensure that all children have an equal opportunity to be safe, healthy and educated.

WHAT'S NEW IN THE 1994 FACTBOOK?

The KIDS COUNT Factbook examines two additional indicators of adolescent safety: school violence (suspensions/expulsions) and adolescent substance use. These two data indicators show that too many teens engage in high-risk behaviors, threatening not only their health and well-being but that of their peers and communities.

Maryland's children will have opportunities to

OUR VISION

achieve their full potential. They will reach adulthood having experienced a safe, healthy and nurturing childhood. Children in Maryland will have opportunities to grow physically, intellectually, emotionally and socially. They will be prepared to become responsible, self-sufficient and contributing members of the community.

OVERVIEW AND FINDINGS

GOOD NEWS

The *1994 Maryland KIDS COUNT Factbook* shows that there is encouraging news about infant mortality rates, percent of births to teens and education outcomes. The infant mortality rate fell 18% between 1985 and 1992. The proportion of babies who are born to teens declined from 12.1% in 1985 to 9.7% in 1992. Today, a greater percentage of students are graduating from high school on-time and are meeting the minimal requirements to enter the University of Maryland System. Some of the gains made in these areas are the result of prevention programs, new education accountability standards (measures) and persistent efforts of advocates, educators and providers.

PROGRESS STALLED

Although we find evidence of improvements in some indicators of child well being, the *Factbook* shows that little or no progress has been made in child and adolescent safety. Most children in Maryland are faring well: they live in caring and loving families, are succeeding in school and being prepared for responsible adulthood. Sadly, however, too many of our children's lives continue to be in jeopardy. We have witnessed an increasing number of child abuse and neglect investigations, arrests for violent crimes and violent deaths among teens. The threat of violent death is particularly significant for African-American youth. Between 1985 and 1992, the African-American teen death rate from homicide, suicide and accidents increased 82%, while the violent death rate among white teens declined 7%. In 1993, there were over 11,000 indicated child abuse and neglect investigations in Maryland -up 16.8% from 1990. The number of arrests for violent crimes among juveniles continues to climb-- rising 30% in four years. This growing epidemic of violence threatens the health and spirit of our children and communities.

GOOD NEWS

The 1994 Maryland KIDS COUNT Factbook shows encouraging news about infant mortality rates, percent of births to teens and education outcomes.

PROGRESS STALLED

Little or no progress has been made in child and adolescent safety.

OVERVIEW AND FINDINGS

KEY FINDINGS ABOUT MARYLAND'S CHILDREN

IN MARYLAND, 150,620 CHILDREN RECEIVE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) AND THEREFORE LIVE IN POVERTY. Between 1990 and 1994, the number of children receiving AFDC increased 23.6%.

MANY ABSENT PARENTS DO NOT CONTRIBUTE TO THE ECONOMIC WELL-BEING OF THEIR CHILDREN. In 1994, payment was made in only one-third of court-ordered child support cases.

IMPROVEMENT IN THE PERCENTAGE OF BABIES BORN LOW BIRTH-WEIGHT HAS STALLED. The percentage of babies born weighing less than 5.5 pounds has increased slightly from 7.8% between 1985-88 to 8% between 1989-92.

FEW CHILDREN ARE SCREENED FOR LEAD POISONING. Although children under the age of six are especially vulnerable to lead poisoning, only one in eight is screened.

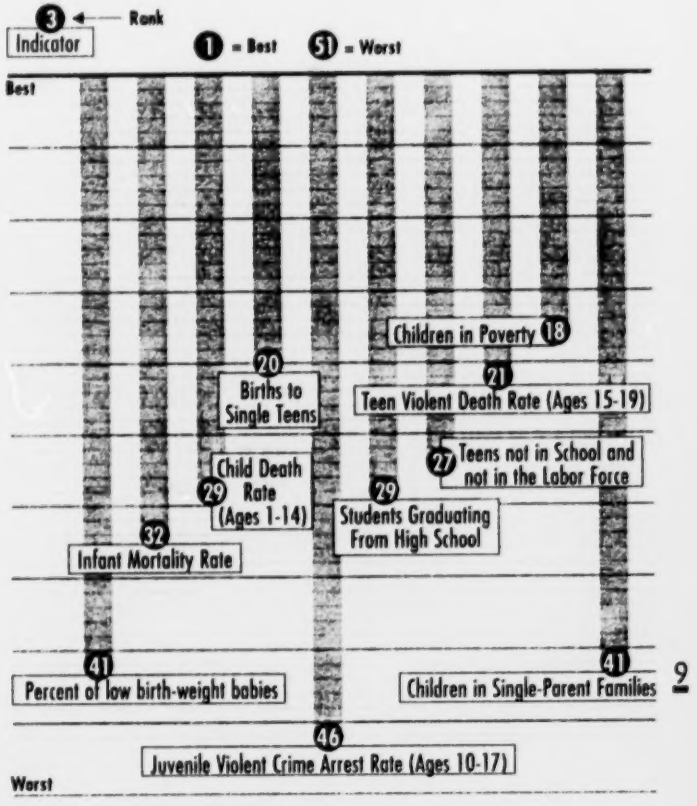
MANY TEENS ENGAGE IN HIGH-RISK BEHAVIORS THAT THREATEN THEIR HEALTH AND SAFETY. In 1992, 28% of Maryland public high school seniors reported that they used marijuana in the past year, and close to one-half reported that they had five or more servings of alcohol on any one occasion.

VIOLENCE HAS INCREASED IN MARYLAND SCHOOLS. Between 1985 and 1992, the number of school suspensions and expulsions for violence-related offenses increased 22.6%.

THIRD GRADE TEST SCORES IN READING HAVE IMPROVED. The percentage of third graders scoring satisfactory or above on the Maryland School Performance Assessment Program (MSPAP) in reading has increased from 28.6% in 1992 to 30.6% in 1994.

HOW DO WE RANK?

MARYLAND has the **6TH HIGHEST** per capita income in the United States, yet it ranks **32ND** in the nation on the well-being of its children.


3 ◄ Rank
Indicator
1 = Best
51 = Worst
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46 Juvenile Violent Crime Arrest Rate (Ages 10-17)
Worst

Source: *KIDS COUNT DATA BOOK, 1994.* The Annie E. Casey Foundation

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HOW ARE WE DOING?

The following chart provides an overview of Maryland's performance in 15 benchmark measures of child well-being.

	Then		Now		Trend
ECONOMIC WELL-BEING					
Percent of Children in Poverty	12.5%	(1979)	10.9%	(1989)	▲
Child Support (payment rate)	34.1	(1993)	32.9%	(1994)	▼
Percent of all Births to Teens	11.6%	(1985-88)	10.3%	(1989-92)	▲
GOOD HEALTH					
Percent of Babies Born Low Birthweight	7.8%	(1985-88)	8.0%	(1989-92)	▼
Infant Mortality Rate (per 1,000 live births)	11.5	(1985-88)	9.8	(1989-92)	▲
Pediatric AIDS Cases (children under 13)	65	(1988-90)	94	(1991-93)	▼
Percent of Children with Lead Poisoning	3.0%	(1992)	3.1%	(1993)	▼
SAFETY					
Child Death Rate (ages 1-14, per 100,000 children)	31.0	(1985-88)	30.3	(1989-92)	▲
Teen Violent Death Rate (ages 15-19, per 100,000 teens)	55.8	(1985-88)	70.3	(1989-92)	▼
Indicated Child Abuse and Neglect Rate (per 1,000 children)	8.2	(1990)	9.2	(1993)	▼
Juvenile Violent Crime Arrest Rate (ages 10-17, per 10,000)	55.9	(1990)	69.5	(1993)	▼
School Violence (suspensions/expulsions)	23,913	(1992)	25,285	(1993)	▼
PREPARING FOR ADULTHOOD					
Third Grade Reading*	28.6%	(1992)	30.6%	(1994)	▲
On-time Graduation Rate	72.8%	(1990)	75.8%	(1994)	▲
High School Program Completion**	43.5%	(1991)	48.1%	(1994)	▲

*percent of students scoring satisfactory on Maryland School Performance Assessment Program tests
** percent of students meeting minimal requirements for the University of Maryland System

SYMBOLS:
▲ better ▼ worse

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CHILD POVERTY

The ability of families to provide basic necessities is key to the physical, emotional and intellectual growth of children. Poverty threatens the well-being of children because it exposes them to greater risks. Poverty also creates greater obstacles for children to experience a safe, healthy and nurturing childhood and to reach their full potential.

There is an interrelationship between poverty and many of the KIDS COUNT data indicators such as low birthweight, infant mortality and high school graduation. Poor babies are 1.2 to 2.2 times more likely to be born with low birthweight than non-poor babies and 1.3 times more likely to die in their first year of life. Teens living in poverty are twice as likely as middle-income youth and 11 times more likely than wealthy teens for being a school dropout at ages 16-24.

One major reason that children are poor is that wages are not keeping pace with inflation. In 1993, wages in U.S. non-supervisory jobs fell to their lowest level since 1964 (after adjusting for inflation). The erosion in wages has resulted in a growing number of families who are poor despite full-time, year-round employment. Many families can no longer earn their way out of poverty. In 1993, some 5.5 million Americans in families with children had at least one member who worked full-time but still lived in poverty.

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HOW IS POVERTY DEFINED?

The first attempts to measure poverty in the early 1960s were based on survey data indicating that families spend about one-third of their income on food. A poverty level was computed by using as a yardstick the amount of money necessary to purchase the lowest nutritionally adequate diet. This price was then multiplied by three to obtain a poverty threshold. Thus, a family is officially classified as poor if its cash income (wages, pensions, social security benefits, AFDC benefits and all other forms of cash income) falls below the poverty threshold. Although the poverty threshold is adjusted annually, the same formula for family spending patterns is used today. This formula still assumes that a family will bake daily and prepare all of their meals from scratch. Family spending patterns have changed dramatically over the past three decades, yet there have been no adjustments made for the rising costs of housing, child care and other basic necessities. The average family today only spends one-fifth of their income on food.

POVERTY LEVELS FOR A FAMILY OF THREE, 1993

Poverty Levels (P.L.)	Annual Income
50% of P.L.	$5,945.00
75% of P.L.	$8,917.50
100% poverty	**$11,890.00 Poverty Threshold**
125% of P.L.	$14,862.50
150% of P.L.	$17,835.00
185% of P.L.	$21,996.50
200% of P.L.	$23,780.00

Source: U.S. Department of Health and Human Services poverty guidelines

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CHILD POVERTY

The average yearly cost of raising two children in a middle-income single-parent family in 1993: $21,690

The 1993 poverty threshold for a family of three: $11,890

The annual income for a full time, year round minimum wage worker: $8,840

The maximum annual AFDC benefit for a mother and two children in Maryland with no other income: $4,392

The minimum wage fails to provide adequate income for American workers. The actual value of the minimum wage in comparison with increases in the cost of living has declined to its second lowest level since 1955. The minimum wage was $3.35 an hour between 1981 and 1990, while the cost-of-living grew by 48%. In 1993, full-time minimum-wage earnings ($4.25/hour) left a single-parent family of three $1,850 below the poverty level. In 1993, a full-time, year-round worker only earned a maximum of 74% of the poverty threshold for a family of three ($11,890).

Another contributing factor to child poverty is the weakening of government income support programs. Aid to Families with Dependent Children (AFDC), a public assistance program that provides benefits to poor families, has not kept pace with the costs of basic necessities. In 1993, less than one out of every seven U.S. children who was poor before receiving government benefits was lifted out of poverty by these benefits. In Maryland, the actual value of cash benefit was only 38% of the poverty level in 1993.

Finally, the growth in the number of single-parent families has also lead to increases in the number of poor children. Single female-parent families are more than five times as likely to be poor as married-couple families. In Maryland, children in single-parent families are close to 10 times as likely to be poor as children living in two-parent families. Female single-parent families are more likely to be poor than two-parent families because there is only one breadwinner; women tend to earn far less than men and often do not receive child support payments from absent fathers. Although female-headed families has been growing steadily over the past several decades, the proportion of poor persons living in these families has remained fairly steady since the 1970s. In 1975, 37.2% of all poor persons lived in female-headed families and 37.3% of poor persons lived in these families in 1993.

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CHILD POVERTY

IN 1989, CHILDREN WERE THE POOREST AGE GROUP IN MARYLAND. In 1989, the percent of elderly living in poverty was 10.5% and 6.8% for nonelderly adults. In 1989, 10.9% of all children were poor compared to 12.5% in 1979. Young children living in female single-parent families are the poorest and most vulnerable. More than four in ten children under age five who lived in a female single-parent family were poor in 1989.

Race is an important factor in the duration of poverty. African-American children are disproportionately poor and spend more years of their life in poverty. In Maryland, African-American children are close to four times as likely to be poor as white children, while Hispanic children are twice as likely to be poor as white children.

COUNTY FINDINGS:
Child poverty is pervasive in all parts of the state. In 1989, the percent of children living in poverty ranged from 3.7% in Howard County to 32.2% in Baltimore City. Increases in poverty rates between 1979 and 1989 occurred in four counties: Allegany, Garrett, Baltimore and Dorchester.

CHILD POVERTY
Number and percent of children under the age of 18 living below the federal poverty level, Maryland, 1989:

County	Number	Percent
Allegany	3,851	24.0
Anne Arundel	5,746	5.6
Baltimore City	56,249	32.2
Baltimore Co.	10,100	6.8
Calvert	934	6.5
Caroline	953	13.9
Carroll	1,291	4.0
Cecil	1,685	9.1
Charles	1,565	5.4
Dorchester	1,321	19.5
Frederick	2,168	5.6
Garrett	1,401	18.9
Harford	3,154	6.6
Howard	1,762	3.7
Kent	492	13.7
Montgomery	8,580	4.9
Prince George's	11,500	6.6
Queen Anne's	615	7.5
St. Mary's	2,111	10.0
Somerset	840	17.8
Talbot	625	10.0
Washington	3,345	12.4
Wicomico	2,757	15.5
Worcester	1,104	14.7
MARYLAND	124,149	10.9

Source: U.S. Bureau of the Census

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CHILD POVERTY

Number and percent of children living below the federal poverty level, by age of children and household type, Maryland, 1989:

	CHILDREN UNDER 18						CHILDREN UNDER 5					
	Married-Couple		Male-Headed		Female-Headed		Married-Couple		Male-Headed		Female-Headed	
County	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Allegany	1,686	13.6	68	18.0	2,097	64.1	415	12.6	56	49.6	736	85.0
Anne Arundel	1,678	2.0	244	7.1	3,824	26.5	607	2.3	96	5.4	1,237	34.2
Baltimore City	6,738	8.8	2,852	28.2	46,659	53.0	1,909	7.9	1,109	31.0	15,961	57.9
Baltimore Co.	2,964	2.5	400	7.8	6,736	26.1	1,037	2.7	122	7.5	2,211	34.3
Calvert	371	3.1	64	12.7	499	26.2	106	3.1	37	23.4	130	31.9
Caroline	335	6.5	12	4.6	606	43.2	92	5.8	9	11.5	225	61.5
Carroll	461	1.6	57	6.4	773	25.8	191	2.2	33	15.8	247	40.1
Cecil	638	4.2	141	18.7	906	34.8	229	5.1	39	14.1	324	42.6
Charles	596	2.5	33	3.1	936	24.2	223	3.2	20	6.9	221	22.4
Dorchester	229	5.2	53	19.1	1,039	50.2	96	7.3	23	29.9	328	56.6
Frederick	856	2.5	68	5.5	1,244	30.7	332	3.2	12	3.4	390	39.3
Garrett	837	13.3	117	40.3	447	54.1	243	14.6	60	61.2	110	68.8
Harford	954	2.3	119	9.5	2,081	36.1	275	2.2	29	8.0	810	53.8
Howard	642	1.5	113	9.6	1,007	18.9	207	1.5	22	8.5	379	33.6
Kent	160	5.8	32	18.0	300	44.9	60	7.4	15	25.9	87	49.7
Montgomery	3,266	2.2	396	7.7	4,918	20.7	1,133	2.3	132	10.1	1,531	28.5
Prince George's	3,474	2.9	599	6.6	7,427	16.8	1,351	3.4	235	8.0	2,441	20.6
Queen Anne's	240	3.5	79	20.2	296	32.2	52	2.5	36	31.6	72	32.4
St. Mary's	999	5.6	149	21.5	963	35.7	325	5.8	89	40.8	321	43.6
Somerset	203	6.2	47	15.2	590	51.1	66	8.3	18	19.8	206	64.4
Talbot	90	1.9	67	26.5	468	39.4	14	0.9	25	32.1	129	42.4
Washington	997	4.6	127	14.0	2,221	50.4	259	4.0	55	19.1	861	65.3
Wicomico	558	4.5	155	18.7	2,044	43.9	173	4.8	53	19.3	675	55.3
Worcester	362	6.8	30	8.2	712	39.7	99	6.4	4	3.7	283	53.1
MARYLAND	29,334	3.5	6,022	13.4	88,793	35.8	9,494	3.5	2,289	16.4	29,915	44.0

Source: U.S. Bureau of the Census

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CHILD POVERTY

STRUGGLING TO MAKE ENDS MEET

Many Maryland families have been gravely affected by stagnating wages and unemployment over the past few years. In 1993, there were 165,000 unemployed persons in Maryland-the second highest number in the decade between 1983 and 1993.

The escalating costs of housing, health care, day care, higher education and other expenses have more families struggling to make ends meet. It is estimated that the costs of raising a child born in 1993 will be $231,140 for a middle-income family. For a growing number of families, the cost of providing a higher education for their children is out of reach. In 1993-94, the annual average cost of tuition, room and board was close to $6,000 at a four-year public college and over $13,000 at a four-year private college.

Child care is one of the major expenses for working families with children. In Maryland, child care expenses consume from 17% to 31% of a family's household income. The percentage of disposable family income spent on child care increases as family income declines. For a two-parent family with two preschool children, child care represents either the first, second, or third greatest household expense relative to food, taxes and housing. The cost of child care ranks as the highest household expense in three Maryland counties and the second highest expense in three other counties.

Many young families cannot afford to buy their own homes. The homeownership rate in the U.S. fell from 70% in 1978 to 61% in 1991. In 1993, the median price for a new home in Maryland was $164,536. Low-income renters face the greatest difficulty finding affordable housing. Many Maryland renters spend a disproportionate share of their income on rent. One-half of very low-income renters in Maryland pay more than 50% of their income on rent.

CHILD CARE COSTS

Estimated child care costs, median family household income, percent of median family household income spent on child care and rank of child care costs, Maryland, 1994:

County	Estimated Child Care Costs	Median Family Household Income	Percent of Income Spent on Child Care	Rank of Child Care Costs
Allegany	$6,901	$27,069	25	1
Anne Arundel	$9,736	$49,706	20	3
Baltimore City	$8,634	$28,217	31	1
Baltimore County	$9,608	$44,502	22	3
Calvert	$8,633	$50,845	17	3
Caroline	$6,326	$32,093	20	3
Carroll	$8,983	$46,491	19	3
Cecil	$7,684	$40,420	19	3
Charles	$9,114	$49,724	18	3
Dorchester	$6,636	$30,004	22	2
Frederick	$9,553	$45,847	21	3
Garrett	$6,269	$26,365	24	1
Harford	$9,173	$45,923	20	3
Howard	$11,660	$61,088	19	3
Kent	$7,098	$35,231	20	3
Montgomery	$12,281	$61,988	20	3
Prince George's	$9,343	$48,471	19	3
Queen Anne's	$7,635	$43,173	18	3
St. Mary's	$7,910	$40,828	19	3
Somerset	$6,253	$27,097	23	2
Talbot	$7,757	$38,599	20	3
Washington	$7,061	$34,614	20	3
Wicomico	$6,579	$33,449	20	3
Worcester	$6,883	$33,089	21	2
MARYLAND	N/A	$45,034	N/A	N/A

Note: Estimated child care costs are based on a family of four that includes a couple and two children ages 1-2 and 3-5 years.
Rank of child care costs refers to the cost of child care a family incurs relative to food, housing and taxes. Taxes include Federal, State and Social Security.
Source: Maryland Committee for Children, Inc., September, 1994

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WEEKLY COST OF CHILD CARE

Average weekly cost of child care by age of child and type of care, in dollars, Maryland, 1994:

	Family Day Care			Center-Based Care		
County	0-2 years	2-5 years	School Age	0-2 years	2-5 years	School Age
Allegany	$70.87	$67.20	$67.22	N/A	$61.84	$58.07
Anne Arundel	97.52	84.04	79.82	143.89	89.72	84.18
Baltimore City	85.62	76.44	74.16	148.72	80.41	75.07
Baltimore County	96.83	86.51	81.32	145.47	87.94	83.83
Calvert	91.32	78.03	75.02	110.33	74.70	73.85
Caroline	59.73	56.53	55.53	76.70	61.93	60.68
Carroll	89.82	78.43	75.36	120.46	82.93	82.97
Cecil	79.47	70.02	67.58	N/A	68.30	68.14
Charles	91.19	77.99	73.25	127.53	84.07	83.31
Dorchester	57.97	53.90	53.06	NA	69.64	63.88
Frederick	89.10	80.37	77.65	140.20	94.62	88.86
Garrett	62.91	60.20	59.39	82.05	57.66	58.42
Harford	90.99	81.00	77.36	127.86	85.41	87.31
Howard	123.01	103.77	96.86	171.67	101.22	99.67
Kent	63.17	58.31	57.70	85.00	73.33	73.33
Montgomery	121.72	106.65	98.08	176.28	114.46	100.80
Prince George's	91.31	79.89	73.58	140.57	88.37	83.70
Queen Anne's	72.29	66.96	65.14	120.00	74.54	73.00
St. Mary's	75.36	69.21	66.93	111.25	76.76	71.31
Somerset	60.26	54.51	53.97	75.00	60.00	60.00
Talbot	66.74	64.92	65.37	95.00	82.44	81.33
Washington	71.23	64.75	63.12	100.00	64.57	62.09
Wicomico	63.06	56.79	55.25	81.00	63.46	64.50
Worcester	67.54	62.47	60.05	N/A	64.83	64.67
MARYLAND	$91.45	$80.37	$75.76	$141.04	$86.76	$82.27

Notes: Center Based Care refers to year-round care provided in non-residential facilities for 8-12 hours per day and is licensed by the Child Care Administration of the Maryland Department of Human Resources. Family Day Care refers to child care provided in the caregiver's home. Caregivers are registered with the Child Care Administration of the Maryland Department of Human Resources and offer full or part-time care. Regulations allow the provider to care for as many as eight children at any given time. The state average for full-time child care for 0-5 year olds is $99.91 per week or $5,195.32 per year.

Source: Maryland Committee for Children, Inc., *Child Care in Maryland*, September 1994

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CHILD SUPPORT

It is estimated that one half of children born today will spend part of their childhood in a single-parent home. Many of these children will be poor. The lack of child support or inadequate child support threatens a child's economic and emotional well being. Too often, child support payments are made sporadically, leaving a custodial parent with an unreliable source of income to meet daily expenses.

Child support starts by establishing paternity and securing a child support order. Yet, only six in ten custodial mothers had a child support order in 1990. Many of the women awarded child support either receive less than the full amount they are owed, or no payment at all. Studies show that the median payment for mothers with a child support order is approximately $1,130 per year. Of the mothers without a child support order, 80% receive no financial support.

COUNTY FINDINGS:

In Maryland, many absent parents fail to contribute to the economic well being of their children. In 1994, payment was made in only 32.9% of child support cases. Sixteen counties experienced increases in the percentage of paying child support cases between 1993 and 1994. Child support cases in which payment was made ranged from a high of 68.4% in Cecil County to a low of 14.2% in Baltimore City.

CHILD SUPPORT

Number of court-ordered child support cases, number of paying cases, percent of paying cases, Maryland, June, 1994:

County	Support Orders	Paying Cases	Percent of Paying Cases
Allegany	3,492	1,636	46.8
Anne Arundel	14,740	6,785	46.0
Baltimore City	138,356	19,675	14.2
Baltimore Co.	15,236	8,597	56.4
Calvert	1,889	1,170	61.9
Caroline	1,529	947	61.9
Carroll	2,819	1,424	50.5
Cecil	3,217	2,202	68.4
Charles	3,274	1,925	58.8
Dorchester	2,046	1,055	51.5
Frederick	3,836	1,969	51.3
Garrett	769	442	57.5
Harford	3,891	2,141	55.0
Howard	2,866	1,350	47.1
Kent	750	461	61.5
Montgomery	12,580	5,888	46.8
Prince George's	27,692	16,604	60.0
Queen Anne's	1,024	634	61.9
St. Mary's	2,565	1,607	62.7
Somerset	1,378	923	67.0
Talbot	946	638	67.4
Washington	4,401	2,950	67.0
Wicomico	3,919	2,096	53.5
Worcester	2,182	1,016	46.6
MARYLAND	255,397	84,131	32.9

Source: Child Support Enforcement Administration

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BIRTHS TO TEENS

Births to teens is an indicator of the risks to the generation being born today. Babies born to teen mothers are at an increased risk for premature birth, low birthweight and dying before their first birthday. Children of teen mothers are more likely to grow up poor. They face an increased likelihood of low academic performance, behavior problems and early childbearing than children of older mothers.

Teen births also tell us something about the future of adolescent mothers. Thirty years ago, the majority of teen parents were likely to be married and the father was likely to earn enough to support a family. Today, teen mothers are more likely to be single, unemployed and have few economic opportunities. Teen parenting doubles the probability of poverty. Teen mothers earn only 50% of the income of women who delay childbearing to at least age 20. Poor teens and teens who are not doing well in school and believe they have few life options are at a greater risk of becoming mothers.

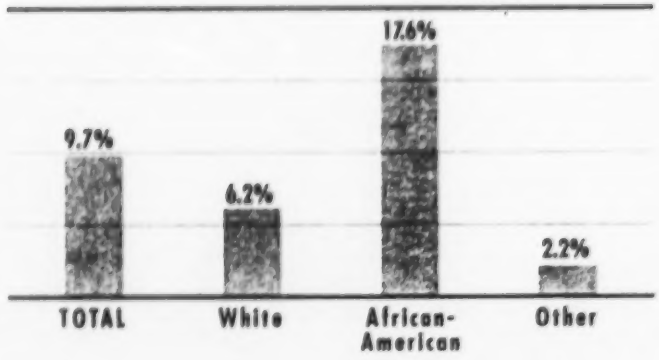
In 1992, there were 7,557 births to teen mothers in Maryland which comprised 9.7% of all births. The proportion of births to teens has fallen over the past few years. From 1985-88, 11.6% of all births were to teens compared to 10.3% from 1989-92.

COUNTY FINDINGS:

Although the proportion of births to adolescents has declined in most counties, ten counties witnessed an increase in the actual number of births to teens from 1985-88 to 1989-92. Teen births rates are the highest in the Baltimore Metropolitan area and the Eastern Shore.

PERCENT OF ALL BIRTHS TO TEENS

By race, Maryland, 1992



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

BIRTHS TO TEENS

Number of total births, number of births to women under age 20, percent of all births to women under age 20, Maryland, 1985-88 and 1989-92:

	1985-88			1989-92		
County	Total Births	Teen Births	Percent of Teen Births	Total Births	Teen Births	Percent of Teen Births
Allegany	3,512	513	14.6	3,554	563	15.8
Anne Arundel	25,116	2,364	9.4	26,872	2,162	8.0
Baltimore City	53,507	12,015	22.5	55,038	11,606	21.1
Baltimore County	36,829	2,824	7.7	39,815	2,754	6.9
Calvert	2,824	318	11.3	3,430	302	8.8
Caroline	1,445	264	18.3	1,657	249	15.0
Carroll	7,068	534	7.6	7,776	480	6.2
Cecil	4,061	661	16.3	4,748	610	12.8
Charles	6,091	703	11.5	6,870	710	10.3
Dorchester	1,597	350	21.9	1,770	338	19.1
Frederick	8,467	790	9.3	9,905	711	7.2
Garrett	1,469	223	15.2	1,630	204	12.5
Harford	9,768	929	9.5	11,724	881	7.5
Howard	10,246	447	4.4	12,510	408	3.3
Kent	838	90	10.7	959	104	10.8
Montgomery	44,426	1,941	4.4	50,338	2,139	4.2
Prince George's	47,932	5,266	11.0	53,338	5,431	10.2
Queen Anne's	1,746	188	10.8	1,885	201	10.7
St. Mary's	4,908	573	11.7	5,446	581	10.7
Somerset	1,021	236	23.1	1,086	225	20.7
Talbot	1,405	175	12.5	1,578	193	12.2
Washington	6,075	877	14.4	6,646	779	11.7
Wicomico	4,092	581	14.2	4,645	693	14.9
Worcester	1,981	256	12.9	2,075	278	13.4
MARYLAND	286,424	33,118	11.6	315,295	32,602	10.3

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

TEEN BIRTH RATE

The number of live births to women under age 15, 15-17 and 18-19 per 1,000 women in those age groups, Maryland, 1992:

Area of Residence	Under 15 Number	Under 15 Rate	15-17 Number	15-17 Rate	18-19 Number	18-19 Rate
Western Area	8	0.6	152	21.4	364	70.1
Baltimore Metro Area	148	2.0	1,612	40.0	2,414	82.2
National Capitol Area	68	1.0	668	25.0	1,098	64.6
Southern Area	8	0.9	117	23.6	208	65.4
Eastern Shore Area	20	1.8	260	40.3	432	97.7
MARYLAND	232	1.5	2,809	32.9	4,516	76.4

Source: Department of Health and Mental Hygiene, Division of Health Statistics

Western Area: Allegany, Garrett, Frederick and Washington counties
Baltimore Metro: Anne Arundel, Baltimore City, Baltimore County, Carroll, Harford and Howard counties
National Capitol: Montgomery, Prince George's counties
Southern: Calvert, Charles and St. Mary's counties
Eastern Shore: Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset and Worcester counties

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CHILDREN RECEIVING AFDC

Aid to Families with Dependent Children (AFDC) is a public assistance program that provides cash benefits to poor families with dependent children. AFDC is funded by both the federal government and the states. States, however, set their own AFDC benefit levels.

Although the number of families on AFDC continues to rise, the cash value of AFDC benefits is losing ground. The cash value of the maximum monthly AFDC benefit for a family of three eroded 40% between 1970 and 1994. In 1994, a mother and two children with no income received a maximum benefit of $366 per month or $4,392 a year- bringing the family up to only 38% of the federal poverty level.

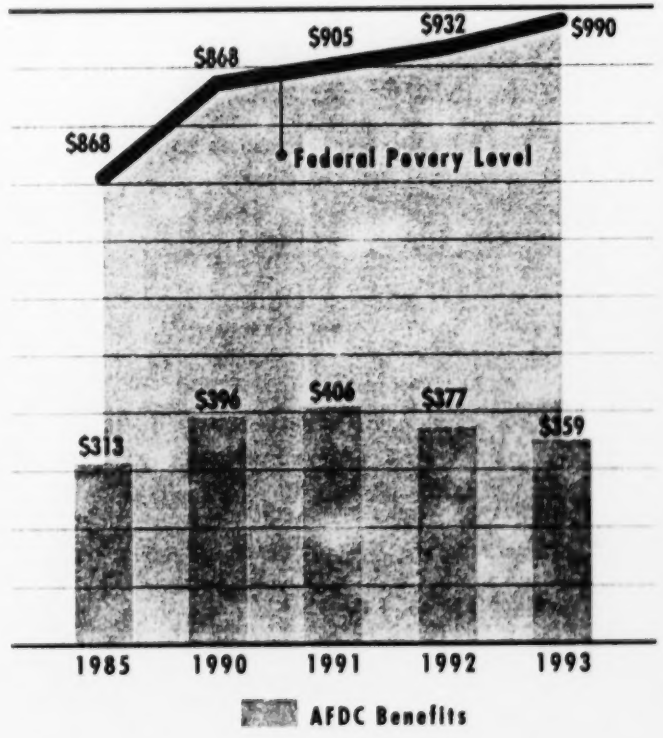
COUNTY FINDINGS:

IN MARYLAND, 150,620 CHILDREN RECEIVE AFDC AND LIVE IN POVERTY.

Between 1990 and 1994, the number of children receiving AFDC increased in 23 of Maryland's counties. Garrett, Allegany and Dorchester counties experienced the lowest rates of growth. The highest rates of growth were in Prince George's, Harford and Frederick counties.

MONTHLY AFDC BENEFIT FOR A FAMILY OF THREE IN MARYLAND COMPARED TO THE FEDERAL POVERTY LEVEL

1985, 1990 to 1993



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CHILDREN RECEIVING AFDC

The yearly average number of children under age 18 receiving AFDC, percent change, Maryland, 1990-94:

County	1990	1991	1992	1993	1994	Percent Change 1990-94
Allegany	2,460	2,675	2,819	2,775	2,530	2.8
Anne Arundel	5,167	5,804	6,648	6,780	6,639	28.5
Baltimore City	68,779	72,887	76,850	76,507	75,440	9.7
Baltimore Co.	8,497	10,053	11,651	12,456	12,359	45.5
Calvert	799	900	1,022	955	954	19.4
Caroline	551	634	699	674	724	31.4
Carroll	814	943	1,075	1,086	1,064	30.7
Cecil	1,238	1,416	1,594	1,538	1,703	37.6
Charles	1,908	2,083	2,293	2,464	2,644	38.6
Dorchester	1,101	1,237	1,336	1,289	1,184	7.5
Frederick	1,282	1,620	1,914	1,939	1,928	50.4
Garrett	690	725	737	661	627	-9.1
Harford	1,837	2,174	2,484	2,605	2,829	54.0
Howard	1,049	1,182	1,427	1,476	1,489	41.9
Kent	266	277	280	253	288	8.3
Montgomery	5,788	6,890	7,814	8,040	8,020	38.6
Prince George's	11,578	13,833	16,803	18,566	20,382	76.0
Queen Anne's	429	459	503	484	473	10.3
St. Mary's	1,200	1,372	1,657	1,646	1,766	47.2
Somerset	683	806	867	900	869	27.2
Talbot	465	503	573	566	550	18.3
Washington	2,455	2,671	2,920	2,830	2,684	9.3
Wicomico	2,088	2,226	2,449	2,416	2,603	24.7
Worcester	737	860	954	922	871	18.2
MARYLAND	121,861	134,230	147,369	149,828	150,620	23.6

Source: Maryland Department of Human Resources

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LOW BIRTHWEIGHT INFANTS

A low birthweight infant weighs less than 5.5 pounds (2,500 grams) at birth.

Low birthweight indicates the effectiveness of the health care delivery and social service systems in the identification of women at risk. Many of these women may not receive adequate prenatal care, drug and alcohol abuse treatment or nutritional benefits from the Women, Infants and Children (WIC) Special Supplemental Food Program.

Babies born low birthweight face increased risks of visual and hearing impairments, cerebral palsy, autism, epilepsy, delayed speech and developmental and learning disabilities.

The economic costs of saving low birthweight infants are extraordinary. In 1990, hospital-related costs of caring for low birthweight infants was more than $21,000 per child compared to $2,842 for a normal weight delivery.

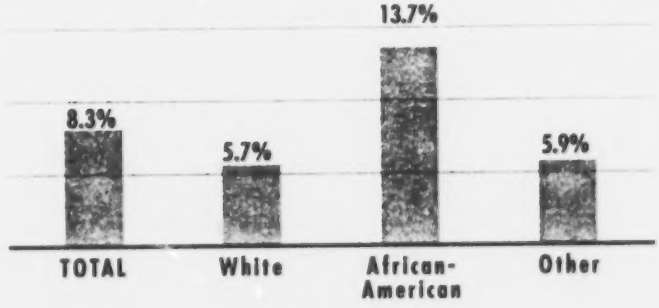
From 1989-92, the percent of babies born low birthweight in Maryland was 8%-- up slightly from 7.8% from 1985-88. African-American babies are the most vulnerable. African-American babies are more than twice as likely to be born low birthweight as white babies.

COUNTY FINDINGS:

More than one-half of Maryland counties had higher percentages of babies being born low birthweight from 1989-92 than they did from 1985-88; 11 counties experienced declines. The Eastern Shore as a region had the highest percentage of low birthweight infants. The percentage of low birthweight babies ranged from a low of 4.9% in Carroll and Queen Anne's counties to a high of 13.2% in Baltimore City.

PERCENT OF LOW BIRTH-WEIGHT INFANTS

By race and ethnicity, Maryland, 1992



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

LOW BIRTHWEIGHT INFANTS

Number and percent of infants born weighing less than 5.5 lbs. by race (of mother), Maryland, 1985-88 and 1989-92

	1985-88						1989-92					
County	Total	Percent	White	Percent	African-American & Other	Percent	Total	Percent	White	Percent	African-American & Other	Percent
Allegany	209	6.0	202	5.9	7	8.9	185	5.2	174	5.0	11	14.1
Anne Arundel	1,556	6.2	1,109	5.2	447	11.8	1,725	6.4	1,225	5.4	500	11.4
Baltimore City	6,535	12.2	1,283	7.6	5,252	14.4	7,238	13.2	1,159	7.1	6,079	15.7
Baltimore Co.	2,358	6.4	1,756	5.6	602	10.7	2,846	7.1	1,982	6.1	864	11.6
Calvert	156	5.5	102	4.6	54	8.8	183	5.3	115	4.2	68	10.0
Caroline	111	7.7	68	6.1	43	13.0	136	8.2	82	6.2	54	16.1
Carroll	390	5.5	376	5.4	14	8.9	378	4.9	365	4.8	13	7.1
Cecil	255	6.3	240	6.2	15	7.9	318	6.7	292	6.4	26	12.7
Charles	424	7.0	271	5.8	153	10.8	456	6.6	286	5.5	170	10.3
Dorchester	152	9.5	52	5.7	100	14.6	149	8.4	57	5.4	92	12.8
Frederick	481	5.7	416	5.3	65	9.9	590	6.0	468	5.2	122	14.1
Garrett	81	5.5	81	5.5	0	0.0	92	5.6	92	5.7	0	0.0
Harford	572	5.9	451	5.2	121	10.7	732	6.2	595	5.8	137	9.8
Howard	590	5.8	462	5.2	128	9.2	656	5.2	505	4.8	151	8.0
Kent	52	6.2	30	4.7	22	10.9	72	7.5	39	5.3	33	14.5
Montgomery	2,710	6.1	1,736	5.1	974	9.7	2,972	5.9	1,847	4.9	1,125	8.7
Prince George's	4,323	9.0	1,204	5.9	3,119	11.4	5,026	9.4	1,157	6.0	3,869	11.4
Queen Anne's	110	6.3	79	5.3	31	12.3	92	4.9	77	4.7	15	6.0
St. Mary's	333	6.8	223	5.7	110	11.3	365	6.7	276	6.2	89	9.1
Somerset	77	7.5	33	5.6	44	10.1	116	10.7	63	9.9	53	11.7
Talbot	103	7.3	52	4.9	51	14.8	129	8.2	62	5.2	67	17.0
Washington	393	6.5	354	6.1	39	13.6	401	6.0	355	5.6	46	14.2
Wicomico	308	7.5	146	5.1	162	13.2	358	7.7	181	5.8	177	11.7
Worcester	160	8.1	102	7.4	58	9.7	137	6.6	77	5.2	60	10.3
MARYLAND	22,439	7.8	10,828	5.6	11,611	12.3	25,350	8.0	11,529	5.6	13,821	12.5

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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INFANT MORTALITY

The infant mortality rate measures the number of deaths among infants less than one year of age, per 1,000 live births.

Infant mortality is a measure of the overall health of a community. It reflects the adequacy of the health care system, the proper nutrition of the mother and the living conditions of the infant. The major causes of infant death are low birthweight, disorders relating to short gestation and sudden infant death syndrome (SIDS). Birthweight is the strongest indicator of infant survival. Two-thirds of infants who died had low birthweight.

In 1992, 765 babies in Maryland died before they reached their first birthday. Maryland's infant mortality rate has steadily declined from a rate of 14.1 in 1980 to 9.8 in 1992. This decline in Maryland and in the nation is largely due to advances in medical technology.

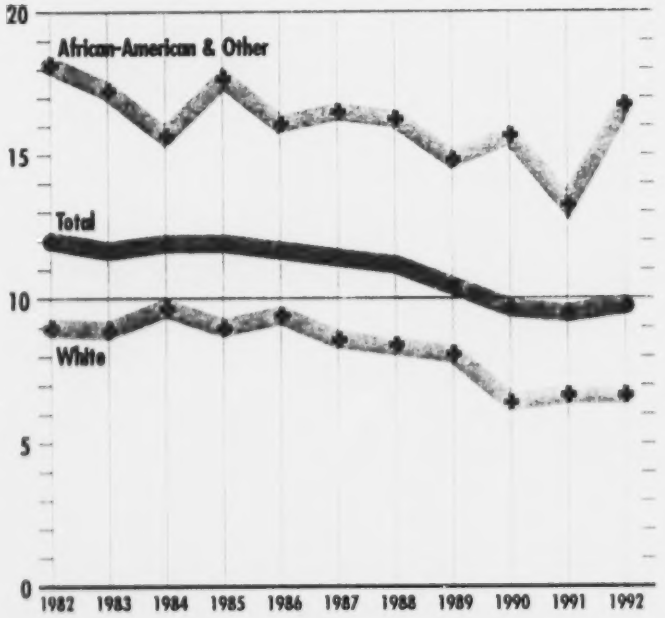
Historically, there has been a wide gap between African-American and white infant mortality rates. Studies reveal that higher infant death rates among African-Americans are the result of the higher incidence of low birthweight and poorer survival rates at all birthweights. An African-American infant in Maryland is 2.5 times more likely to die in the first year of life than a white infant.

COUNTY FINDINGS:

Nineteen counties across the state witnessed a decline in their infant mortality rates. Cecil, Somerset, Talbot, Caroline and Prince George's counties experienced increases in their rates from 1985-88 to 1989-92. The highest infant mortality rates in the period 1989-92 occurred in Talbot County, Baltimore City and Somerset County, respectively.

INFANT MORTALITY RATES

Maryland, 1983-92



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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INFANT MORTALITY

Number of infant deaths per 1,000 live births (by race of mother), Maryland, 1985-88 and 1989-92:

	1985-88						1989-92					
County	Total Deaths	Rate	White Deaths	Rate	African-American & Other Deaths	Rate	Total Deaths	Rate	White Deaths	Rate	African-American & Other Deaths	Rate
Allegany	35	10.0	33	9.6	2	25.3	34	9.6	34	9.8	0	0.0
Anne Arundel	245	9.8	188	8.8	57	15.0	206	7.7	148	6.6	58	13.2
Baltimore City	938	17.5	206	12.1	732	20.0	813	14.8	158	9.7	655	16.9
Baltimore County	319	8.7	228	7.3	91	16.2	309	7.8	211	6.5	98	13.2
Calvert	22	7.8	18	8.1	4	6.5	18	5.2	14	5.1	4	5.9
Caroline	18	12.5	12	10.8	6	18.1	21	12.7	14	10.6	7	20.8
Carroll	63	8.9	61	8.8	2	12.7	47	6.0	44	5.8	3	16.4
Cecil	29	7.1	29	7.5	0	0.0	45	9.5	43	9.5	2	9.8
Charles	63	10.3	40	8.5	23	16.3	56	8.2	32	6.1	24	14.5
Dorchester	19	11.9	4	4.4	15	21.8	15	8.5	9	8.6	6	8.3
Frederick	82	9.7	66	8.5	16	24.3	58	5.9	46	5.1	12	13.9
Garrett	15	10.2	15	10.2	0	0.0	16	9.8	16	9.9	0	0.0
Harford	91	9.3	76	8.8	15	13.3	90	7.7	76	7.4	14	10.0
Howard	69	6.7	54	6.1	15	10.8	53	4.2	37	3.5	16	8.5
Kent	7	8.4	6	9.4	1	5.0	7	7.3	4	5.5	3	13.2
Montgomery	412	9.3	273	7.9	139	13.8	383	7.6	243	6.5	140	10.8
Prince George's	629	13.1	179	8.7	450	16.4	705	13.2	160	8.2	545	16.1
Queen Anne's	14	8.0	10	6.7	4	15.9	14	7.4	10	6.1	4	16.1
St. Mary's	70	14.3	50	12.7	20	20.5	52	9.5	40	8.9	12	12.3
Somerset	8	7.8	6	10.2	2	4.6	15	13.8	8	12.6	7	15.5
Talbot	20	14.2	11	10.4	9	26.2	24	15.2	7	5.9	17	43.0
Washington	62	10.2	58	10.0	4	13.9	47	7.1	44	7.0	3	9.3
Wicomico	51	12.5	29	10.1	22	17.9	50	10.8	20	6.4	30	19.9
Worcester	24	12.1	16	11.6	8	13.4	21	10.1	15	10.1	6	10.3
MARYLAND	3,305	11.5	1,668	8.7	1,637	17.3	3,099	9.8	1,433	7.0	1,666	15.1

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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AIDS

Between January 1991 and December 1992, Maryland ranked 4th in the seroprevalence rate of HIV infection among child-bearing women, exceeded only by New York, Puerto Rico and Florida.

One critical measure of the health of child-bearing women and children is the number of women, adolescents and children infected with HIV and diagnosed with AIDS.

Young children constitute the largest proportion of pediatric (children under age 13) AIDS cases. Children under age five make up 86% of all pediatric AIDS cases diagnosed in Maryland through December, 1993. Among infants and young children with AIDS, African-Americans are disproportionately affected. African-American children, who represent 91% of pediatric AIDS cases in Maryland among children under the age of five, are only 28% of the child population under five years of age.

Many children will grow up without their mothers as the result of the increasing numbers of women diagnosed with AIDS. By 1995, an estimated 17% of U.S. children and 12% of adolescents whose mothers die from any cause will be children of women who die of HIV/AIDS-related diseases.

In Maryland, 91% of pediatric AIDS cases were born to mothers with or at risk for HIV infection. Therefore, decreasing the number of women becoming infected with HIV is key to reducing HIV infection and AIDS in newborns and young children. In 1993, HIV infection rates among nonwhite child-bearing women were 14 times greater than white women who gave birth. The highest HIV seroprevalence rates were among women ages 20-29.

Note: Seroprevalence measures the level of infection in a specific population, during a specific time period, based on the presence of serum antibodies in blood samples.

CUMULATIVE AIDS CASES DIAGNOSED SINCE 1984 THROUGH 1993,
By race/ethnicity and age at diagnosis, Maryland

	Age at diagnosis				
Race/Ethnicity	**0-4**	**5-12**	**13-19**	**20-29**	**Total**
White	12	9	12	468	501
African-American	148	17	25	1,222	1,412
Hispanic	2	1	0	37	40
Am. Ind./Ala. Nat.	1	0	0	3	4
Asian/Pac. Isl.	0	0	0	1	1
Unknown	0	0	0	1	1
TOTAL	163	27	37	1,732	1,959

Source: Maryland Department of Health and Mental Hygiene, AIDS Administration

LEAD POISONING

Although lead poisoning is preventable, it remains a pervasive health problem in the United States. It is estimated that 75% of all U.S. children live in housing that may contain lead paint or dust hazards.

Children are exposed to lead from paint, gasoline and solder from dust, water, food, soil, the air, and parents' occupations and hobbies. Children are commonly poisoned by ingesting lead contaminated dust while playing or eating. They may also be exposed through tap water with high concentrations of lead from the plumbing in their homes. Substandard housing and poverty increase children's risk of lead exposure.

The Centers for Disease Control (CDC) has found that blood levels as low as 10 µg/dL may have serious consequences for children's health. There is growing evidence that even low levels of lead may cause developmental delays, verbal, perceptual and motor disabilities and inattentiveness. High levels of lead exposure may lead to comas, convulsions, and even death.

Although children under age six years are particularly vulnerable to lead poisoning, only one in eight are screened in Maryland. Of the number of children screened in 1993, 1,601 had lead poisoning-- up 13.3% from 1992. The number of children who had some lead exposure (10-19 µg/dL) more than doubled between 1992 and 1993.

COUNTY FINDINGS:
Between 1992 and 1993, 13 Maryland counties had decreases in the percentage of children screened. In 16 Maryland counties, less than 10% of children were screened for lead poisoning in 1993. Baltimore City and Somerset County had the highest percentage of children screened at 48.9% and 26.5%, respectively.

OCCURRENCES OF LEAD POISONING

Number of children screened, percent screened, number and percent lead poisoned and number and percent with lead exposure, Maryland, 1993:

County	Number of Children under age 6	Number of Children Screened	Percent Screened	Number of Children With Lead Poisoning [>= 20 µg/dL]	Percent with Lead Poisoning [>= 20 µg/dL]	Number of Children with Lead Exposure [10-19µg/dL]	Percent with Lead Exposure [10-19 µg/dL]
Allegany	5,275	662	12.5	1	0.2	0	0.0
Anne Arundel	38,044	1,768	4.6	4	0.2	47	2.7
Baltimore City	67,936	33,207	48.9	1,517	4.6	6,162	18.6
Baltimore County	56,350	4,772	8.5	38	0.8	250	5.2
Calvert	4,899	88	1.8	0	0.0	2	2.3
Caroline	2,533	191	7.5	3	1.6	17	8.9
Carroll	11,589	567	4.9	1	0.2	37	6.5
Cecil	6,705	148	2.2	3	2.0	3	2.0
Charles	10,398	180	1.7	0	0.0	2	1.1
Dorchester	2,434	171	7.0	3	1.8	16	9.4
Frederick	14,294	314	2.2	2	0.6	26	8.3
Garrett	2,393	82	3.4	0	0.0	0	0.0
Harford	17,684	869	4.9	2	0.2	16	1.8
Howard	18,162	339	1.9	1	0.3	10	3.0
Kent	1,329	134	10.1	0	0.0	1	0.8
Montgomery	67,903	1,794	2.6	3	0.2	23	1.3
Prince George's	65,686	3,595	5.5	10	0.3	68	1.9
Queen Anne's	2,951	80	2.7	0	0.0	0	0.0
St. Mary's	8,119	418	5.1	0	0.0	0	0.0
Somerset	1,516	402	26.5	1	0.3	9	2.2
Talbot	2,323	342	14.7	0	0.0	2	0.6
Washington	9,722	1,003	10.3	4	0.4	13	1.3
Wicomico	6,291	715	11.4	1	0.1	2	0.3
Worcester	2,738	380	13.9	7	1.8	15	4.0
MARYLAND	427,274	52,221	12.2	1,601	3.1	6,721	12.9

Notes: Number of children screened pertains to children under 72 months of age tested using all blood level tests. The number and percent of children with lead poisoning or lead exposure pertains to children under 72 months of age tested with "confirmed" venipuncture blood lead tests. Lead Exposure is the level at which the Centers for Disease Control recommends outreach and education to prevent further exposure. Lead Poisoning is the level at which Maryland State and the Centers for Disease Control recommend local health and environmental intervention (investigation, order abatement, etc.). Counties respond at this level. Baltimore City Health Department doesn't intervene until 25 µg/dL due to insufficient resources.

Source: Maryland Department of the Environment

MEDICAID

Medicaid provides medical assistance to low-income elderly, the blind and disabled. It also serves families on AFDC and other low-income women and children. Medicaid is the principal source of health care coverage for poor women and children. Today, every state must provide Medicaid to all pregnant women with children under age six with family incomes less than 133% of the poverty level *($19,684 for a family of four).* Many states, including Maryland, exercise an option to expand coverage for older children with family incomes below the poverty level.

Although they comprise over one-half of Medicaid recipients, persons under age 20 account for only one-quarter of total Medicaid expenditures. Children enrolled in Medicaid are eligible to receive comprehensive health services, including all preventive care and benefits in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

In Maryland's Medicaid system, poor children and families either enroll in a Health Maintenance Organization (HMO), or receive health care from a primary provider in the Maryland Access to Care Program (MAC). MAC began in 1991 and saved the state $21 million in its first year. Children in the MAC program are more likely to use a primary care doctor and preventive services and less likely to make emergency room visits for non-emergencies than poor children outside the Medicaid system.

In October 1993, Maryland implemented an expansion program to provide preventive and acute care services for children born after September 30, 1983 with a family income up to 185% of the federal poverty level *($27,380 for a family of four).* To date, this Medicaid program has enrolled fewer than 20% of those children expected to be eligible.

COUNTY FINDINGS:
Between 1990 and 1994, the number of children enrolled in Medicaid increased in all 24 of Maryland's counties. The highest rates of growth occurred in Frederick, Carroll and Harford counties. Baltimore City and Dorchester County experienced the lowest rates of growth.

CHILDREN ENROLLED IN MEDICAID

Number of children enrolled in Medicaid under age 18, Maryland, 1990, 1992 and 1994, percent change 1990-1994:

County	1990	1992	1994	Percent Change
Allegany	3,023	4,400	4,715	56.0
Anne Arundel	6,114	9,249	10,839	77.3
Baltimore City	78,301	92,034	94,225	20.3
Baltimore County	9,760	15,174	18,157	86.0
Calvert	1,088	1,589	1,698	56.1
Caroline	672	1,150	1,322	96.7
Carroll	1,156	1,988	2,487	115.1
Cecil	1,681	2,823	3,216	91.3
Charles	2,373	3,324	3,819	60.9
Dorchester	1,300	1,867	2,026	55.8
Frederick	1,611	3,241	3,867	140.0
Garrett	1,020	1,631	1,937	89.9
Harford	2,501	4,087	5,212	108.4
Howard	1,346	2,116	2,731	102.9
Kent	340	546	615	80.9
Montgomery	7,190	10,939	13,574	88.8
Prince George's	14,752	22,189	28,717	94.7
Queen Anne's	571	931	1,005	76.0
St. Mary's	1,574	2,606	3,175	101.7
Somerset	866	1,332	1,478	70.7
Talbot	652	970	1,063	63.0
Washington	3,159	4,648	5,160	63.3
Wicomico	2,551	3,712	4,376	71.5
Worcester	945	1,517	1,862	97.0
MARYLAND	144,546	194,063	217,276	50.3

Source: Maryland Department of Health and Mental Hygiene, Division of Maternal and Child Health, Medical Care Policy Administration

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PRENATAL CARE

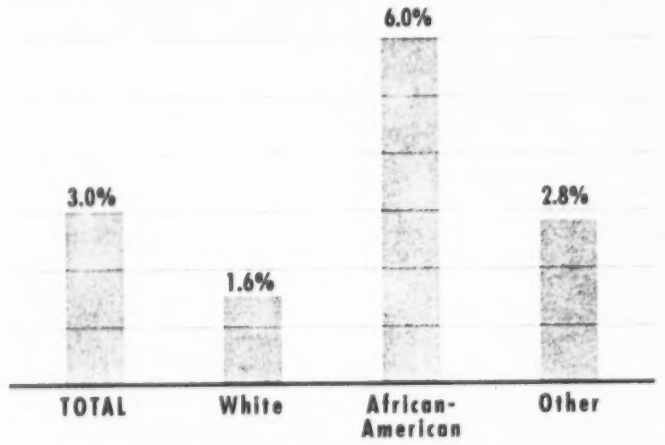
Comprehensive prenatal care is essential to ensure the health of every pregnant woman and her baby. Women who receive early (in the first trimester) and continuous care in their pregnancies are significantly more likely to deliver healthy, normal weight infants. The lack of adequate prenatal care increases the risk of low birthweight and infant mortality.

Women living in poverty are less likely than non-poor women to receive prenatal care. Young women, particularly adolescents, are less likely than older women to seek early prenatal care. Women face several barriers to receiving prenatal care. They maybe ineligible for Medicaid and cannot afford private health insurance. Even if a woman has insurance, she may lack transportation, find herself at a considerable distance from medical care, or not have available child care to go to a clinic to obtain prenatal services.

The number of Maryland women receiving late or no prenatal care improved slightly between 1990 and 1992: from 2,673 to 2,367, respectively. A disproportionate number of African-American women, however, do not receive early prenatal care. In 1992, African-American women were close to four times more likely than white women to receive late or no prenatal care.

COUNTY FINDINGS:
The counties with the highest percentage of women receiving late or no prenatal care were Somerset (6.1%), Dorchester and Baltimore City (5.2%) and Wicomico (5.0%).

WOMEN RECEIVING LATE OR NO PRENATAL CARE
Percent by race, Maryland, 1992



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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WOMEN RECEIVING LATE OR NO PRENATAL CARE

Number and percent of mothers who received late or no prenatal care, by race, Maryland, 1992:

County	Total	Percent	White	Percent	African-American & Other	Percent
Allegany	20	2.3	20	2.3	0	0.0
Anne Arundel	108	1.6	63	1.1	45	4.2
Baltimore City	671	5.2	100	2.7	571	6.1
Baltimore County	213	2.2	128	1.7	85	4.3
Calvert	28	3.2	18	2.5	10	6.0
Caroline	10	2.4	3	0.9	7	8.5
Carroll	18	1.0	18	1.0	0	0.0
Cecil	19	1.6	16	1.4	3	5.4
Charles	61	3.7	25	2.1	36	8.6
Dorchester	22	5.2	1	0.4	21	11.0
Frederick	29	1.1	21	0.9	8	4.0
Garrett	10	2.5	10	2.6	0	0.0
Harford	80	2.7	53	2.0	27	7.5
Howard	21	0.6	12	0.4	9	1.6
Kent	4	1.8	2	1.2	2	3.9
Montgomery	214	1.7	106	1.2	108	3.2
Prince George's	641	4.8	80	1.8	561	6.3
Queen Anne's	8	1.7	4	0.9	4	8.0
St. Mary's	61	4.4	40	3.6	21	8.5
Somerset	17	6.1	6	3.8	11	9.2
Talbot	6	1.6	3	1.1	3	3.3
Washington	26	1.6	20	1.3	6	7.2
Wicomico	59	5.0	17	2.2	42	10.9
Worcester	21	4.2	7	2.0	14	9.5
MARYLAND	2,367	3.0	773	1.6	1,594	5.7

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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THE WOMEN, INFANTS AND CHILDREN (WIC) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

The Women, Infants and Children (WIC) Special Supplemental Nutrition Program is a preventive nutrition program that provides supplemental foods, nutrition education and linkage to health care to pregnant and postpartum women, infants and children through their fifth birthday who are at nutritional risk. Income eligibility is determined by states, but by law it cannot exceed 185% of the federal poverty level.

WIC increases the likelihood that women will receive prenatal care. It also reduces by 25% the chance that a woman in the United States will have a low birthweight or premature baby. A decrease in the number of infants born with low birthweight can lead to reduced medical costs. The General Accounting Office (GAO) estimated that in 1990 the federal government spent $296 million on prenatal WIC benefits. This resulted in a $853 million savings in health-related expenditures for WIC infants during the first year of their lives. The cost of providing WIC is estimated to be less than $250 per person. Despite its cost-effectiveness, WIC has never been fully funded; therefore, thousands of eligible women and children cannot participate. In 1993, WIC served approximately 60% of U.S. eligible women and children.

In Maryland, close to 60,000 infants and children were eligible, but did not receive WIC.

COUNTY FINDINGS:

All 24 counties witnessed an increase in the number of infants and children enrolled in WIC between 1990 and 1993. Although the number of WIC participants increased, the percentage of eligible infants and children receiving WIC services declined in 19 counties. In 1993, the percent of eligible infants and children participating in WIC ranged from a high of 75% in Allegany County to a low of 35% in Calvert County.

CHILDREN RECEIVING WIC

Estimated number of infants and children eligible for WIC, number of infants and children participating in WIC, percent of estimated eligible infants and children receiving WIC and percent change of number participating, Maryland, 1990 and 1993:

	1990			1993			1990-1993
County	Estimated Number Eligible	Number Participating	Percent of Eligible Participating	Estimated Number Eligible	Number Participating	Percent of Eligible Participating	Percent Change Number Participating
Allegany	1,437	1,644	114	2,395	1,791	75	8.9
Anne Arundel	3,694	2,022	55	8,624	3,952	46	95.5
Baltimore City	45,871	13,107	29	42,042	20,158	48	53.8
Baltimore Co.	4,689	3,836	82	11,165	6,954	62	81.3
Calvert	801	486	61	1,667	588	35	21.0
Caroline	816	498	61	1,165	740	64	48.6
Carroll	866	653	75	2,678	1,032	39	58.0
Cecil	1,204	738	61	2,441	1,175	48	59.2
Charles	1,480	1,027	69	2,877	1,600	56	55.8
Dorchester	1,080	501	46	1,211	776	64	54.9
Frederick	1,579	1,224	78	3,687	2,260	61	84.6
Garrett	730	733	100	1,279	933	73	27.3
Harford	1,694	1,487	88	4,707	2,331	50	56.8
Howard	618	635	103	2,509	1,054	42	66.0
Kent	358	323	90	646	448	69	38.7
Montgomery	3,037	3,983	131	9,934	6,393	64	60.5
Prince George's	10,581	4,224	40	15,965	9,540	60	125.9
Queen Anne's	572	331	58	1,122	481	43	45.3
St. Mary's	2,218	1,127	51	3,168	1,541	49	36.7
Somerset	694	399	57	889	553	62	38.6
Talbot	451	343	76	891	482	54	40.5
Washington	1,638	2,007	123	3,656	2,467	67	22.9
Wicomico	1,904	1,256	66	2,704	1,648	61	31.2
Worcester	943	693	73	1,385	839	61	21.1
MARYLAND	88,955	43,277	49	128,807	69,736	54	61.1

Source: Maryland Department of Health and Mental Hygiene

SCHOOL FOOD AND NUTRITION PROGRAMS

The National School Lunch and Breakfast Program provides federal cash and commodity support to participating public and private schools and nonprofit residential institutions that serve meals to children. The State Food and Nutrition Services program provides healthy breakfasts and lunches to school children across Maryland. All children may participate in the program, and children from families with lower incomes are eligible for free or reduced-price meals.

Hunger impairs children's ability to learn. A hungry child is almost three times as likely to have difficulty concentrating in school. Hungry children are more likely to experience fatigue, dizziness, irritability, frequent headaches and colds. Research shows that participation in the School Breakfast Program improves standardized test scores and reduces absenteeism. On average, children receive one-fourth of their daily nutrient requirements from school breakfast. In the school year 1993-94, one in five school children received either free or reduced price lunches in Maryland. For some children, a school meal is their only nutritious meal of the day.

COUNTY FINDINGS:

Between 1992 and 1994, all 24 of Maryland's counties experienced an increase in the number of children receiving free lunch. Two suburban counties, Howard and Baltimore, had the highest percentage increase of children receiving free lunch-- 44.2% and 40.8%, respectively.

Note: In the school year 1994-95, children from families with income below 130% of the poverty level ($19,240) for a family of four receive free meals. Children from families with income between 130% and 185% of the poverty level ($27,380) receive meals at a reduced price.

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SCHOOL MEALS

Average Daily Participation in the Maryland School Breakfast and Lunch Program, Maryland, 1992 and 1994

	BREAKFAST						LUNCH					
County	1992 Free	1994 Free	Percent Change	1992 Reduced	1994 Reduced	Percent Change	1992 Free	1994 Free	Percent Change	1992 Reduced	1994 Reduced	Percent Change
Allegany	1,273	1,330	4.5	192	151	-21.4	2,883	2,984	3.5	673	658	-2.2
Anne Arundel	1,895	2,084	10.0	255	169	-33.7	4,658	5,654	21.4	1,450	1,441	-0.6
Baltimore City	12,488	12,547	0.5	578	435	-24.7	50,105	53,029	5.8	3,638	2,372	-34.8
Baltimore County		3,706	--		347	--	7,961	11,206	40.8	2,677	2,615	-2.3
Calvert	314	432	37.6	30	32	6.7	821	976	18.9	131	169	29.0
Caroline	488	474	-2.9	50	28	-44.0	1,067	1,309	22.7	274	241	-12.0
Carroll	218	228	4.6	24	19	-20.8	1,014	1,179	16.3	292	308	5.5
Cecil	569	714	25.5	59	63	6.8	1,386	1,725	24.5	275	290	5.5
Charles	1,012	1,150	13.6	100	88	-12.0	1,856	2,275	22.6	426	456	7.0
Dorchester	646	703	8.8	53	56	5.7	1,297	1,493	15.1	189	222	17.5
Frederick	449	543	20.9	47	47	0.0	1,871	2,246	20.0	572	541	-5.4
Garrett	464	447	-3.7	75	64	-14.7	1,246	1,306	4.8	297	273	-8.1
Harford	1,305	1,517	16.2	270	280	3.7	2,516	3,241	28.8	979	1,027	4.9
Howard	213	301	41.3	27	23	-14.8	1,070	1,543	44.2	295	349	18.3
Kent	184	239	29.9	19	25	-31.6	474	581	22.6	98	116	18.4
Montgomery	4,798	5,239	9.2	592	419	-29.2	11,308	13,658	20.8	2,950	2,741	-7.1
Prince George's	8,013	9,917	23.8	1,334	993	-25.6	18,521	23,859	28.8	5,839	5,740	-1.7
Queen Anne's	276	302	9.4	68	33	-51.5	595	695	16.8	175	218	24.6
St. Mary's	617	549	-11.0	74	37	-50.0	1,555	1,869	20.2	542	443	-18.3
Somerset	667	718	7.6	65	53	-18.5	1,119	1,262	12.8	194	137	-29.4
Talbot	170	245	44.1	19	21	10.5	545	632	16.0	120	118	-1.7
Washington	733	738	0.7	96	69	-28.1	2,718	3,033	11.6	759	726	-4.3
Wicomico	1,128	1,258	11.5	108	70	-35.2	2,292	2,710	18.2	402	315	-21.6
Worcester	609	758	24.5	67	51	-23.9	1,344	1,522	13.2	245	266	8.6
MARYLAND	38,529	46,139	19.8	4,202	3,573	-15.0	120,222	139,987	16.4	23,492	21,782	-7.3

Note: 1) Calculations are based on 180 days for lunch and the actual number of days of operation or 180 days for breakfast, whichever was less.
2) Counts do not include the meals served to students in the paid category.

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CHILDREN'S MENTAL HEALTH

No picture of Maryland's children would be complete without information on their mental health. National studies have shown that between 12 and 20 percent of children and adolescents suffer from some form of mental, behavioral, or emotional disorder, and approximately five percent struggle with severe, disabling disorders. Only a small fraction receive appropriate treatment. At these rates, approximately 58,000 of Maryland's children have severe disorders at some time during their childhood and up to 230,000 experience some form of mental disorder requiring treatment. Yet there are no easy methods to identify or calculate the number of children in Maryland who are actually diagnosed with mental disorders or receive services, or to track their progress over time.

Scientists believe that many mental disorders such as depression, schizophrenia, anxiety disorders, attention-deficit/hyperactivity disorder and perhaps others are essentially biological illnesses. They are often influenced by genetics — that is, the tendency toward an illness may be partly inherited — and the root problem in many mental disorders is physiological. However, just as environmental factors influence physical illness (for example, asthma can be triggered by stress or exposure to cigarette smoke), mental illnesses seem to be highly correlated with certain environmental features, or "risk factors." Information on risk factors for mental disorders is crucial because many of them are amenable to change; in other words, identifying and reducing risk factors for mental disorders may lead to prevention and, more often, milder expression of some mental disorders.

With this new understanding of risk factors for the development of mental disorders in mind, the *Maryland KIDS COUNT Factbook* illuminates more about mental health in Maryland's children and adolescents than first meets the eye. In fact, many KIDS COUNT indicators are known risk factors for the development of mental disorders. According to the Institute of Medicine's 1994 report *Reducing Risk Factors for Mental Disorders: Frontiers for Preventive Intervention Research*, clusters of risk factors are highly correlated with such illnesses as depression, conduct disorder and schizophrenia. These risk factors include indicators such as poverty, low birthweight, child abuse and neglect, lack of supportive and nurturing home environment, lead poisoning and violence. Of course the rate of teen suicides, another KIDS COUNT indicator, is a sobering measure of serious disorders, including depression and substance abuse in adolescents.

Although the relationship between the KIDS COUNT indicators and the development of mental disorders offers an important glimpse of the dimensions of mental health problems in Maryland's children, more direct measures are urgently needed. In order to hold agencies serving children accountable, a statewide, comprehensive epidemiological study of the prevalence of mental disorders should be conducted every five years. In addition, the use of available mental health services should be monitored and their effectiveness evaluated.

Note: Child experts and mental health advocates, led by the Mental Health Association of Maryland, have been meeting over the last year to examine the relationship between environmental risk factors and the mental health of children in Maryland. A special report will be issued in 1995 recommending a series of steps that are necessary to bring our understanding of the mental health of Maryland's children into sharper focus.

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CHILD DEATHS

In the period 1989-92, 1,132 children ages 1-14 died, a rate of 30.3 per 100,000 children; a slight decrease from a rate of 31.0 from 1985-88.

The three leading causes of child death in 1992 were:

Accidents
Cancer and
Homicide.

The child death rate reflects the number of deaths from all illnesses, accidents, homicide and suicide of children ages 1-14, per 100,000.

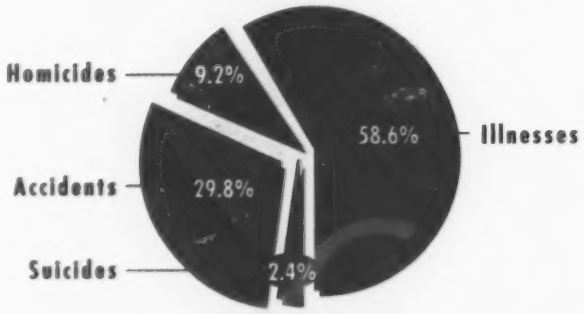
Both health problems and inadequate safety in the home and community present risks to children's well-being. Children living in substandard housing and poor neighborhoods are at an increased risk of intentional and non-intentional injuries.

In Maryland, males are 1.4 times as likely to die as females. African-Americans and other races are 1.6 times as likely to die as white children.

Almost six in ten child deaths in Maryland are due to illnesses. Between 1985-88 and 1989-92, the number of accidental deaths declined 16.4%. Although homicide makes up a smaller proportion of child deaths, the number of child homicides increased 16.4% during the periods 1985-88 to 1989-92.

COUNTY FINDINGS:
Eleven Maryland counties had decreases in their child death rates from 1985-88 to 1989-92. From 1989-92, the child death rate ranged from a low of 16.7 deaths per 100,000 children in Calvert County to a high of 66.6 deaths per 100,000 in Caroline County.

CHILD DEATH BY ALL CAUSES
Children ages 1-14, Maryland, 1992



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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CHILD DEATH RATE

Number of child (ages 1-14) deaths from all causes per 100,000 children ages 1-14, Maryland, 1985-88 and 1989-92:

County	1985-1988 Deaths	Rate*	1989-1992 Deaths	Rate*
Allegany	15	30.2	24	46.4
Anne Arundel	85	27.0	93	27.7
Baltimore City	265	43.2	277	48.2
Baltimore County	115	26.1	104	21.3
Calvert	12	30.6	8	16.7
Caroline	5	26.4	15	66.6
Carroll	26	29.7	24	22.7
Cecil	17	30.6	17	27.1
Charles	34	39.3	20	21.0
Dorchester	14	66.8	13	58.5
Frederick	33	30.2	32	24.8
Garrett	14	63.1	8	33.5
Harford	28	22.0	34	21.6
Howard	31	25.2	35	22.2
Kent	2	—	6	49.4
Montgomery	109	21.1	132	22.9
Prince George's	166	30.1	175	30.5
Queen Anne's	9	41.4	12	45.0
St. Mary's	23	35.9	35	50.6
Somerset	8	58.2	2	—
Talbot	6	33.1	8	39.4
Washington	24	30.1	32	36.5
Wicomico	23	45.0	15	25.5
Worcester	8	33.1	11	44.9
MARYLAND	1,072	31.0	1,132	30.3

— Number too small to calculate a reliable rate

* Rate is based on total number of deaths from 1985 to 1988 and 1989 to 1992

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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TEEN VIOLENT DEATHS

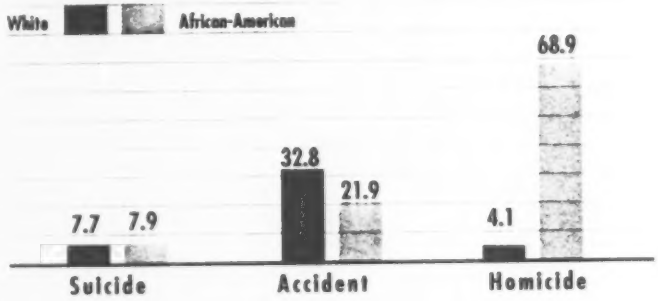
The teen violent death rate is the number of deaths from homicide, suicide and accidents of teens between the ages of 15-19, per 100,000.

Many teens engage in high-risk behaviors that threaten their health and safety. Teen homicide and suicide may indicate an increased level of hopelessness, anger and grief.

Violent deaths make up 73% of all teen deaths. From 1989-92, there were 851 teen violent deaths in Maryland-- down slightly from 875 from 1985-88. Although accidents make up the largest share of violent deaths, an increasing percentage of violent deaths is a result of homicide. The number of teen homicides increased 65% between 1985-88 and 1989-92. In 1992, white teens were 1.5 times as likely to die in accidents as African-American teens, while African-American youth were 17 times as likely to die from homicide. African-American and white youth had similar suicide rates at 7.9 and 7.7 per 100,000, respectively.

COUNTY FINDINGS:
Violent teen death rates declined in only eight counties in the years 1985-88 to 1989-92. In 1989-92, teen violent death rates range from a low of 34.8 in Montgomery County to a high of 114.8 in Dorchester County.

TEEN VIOLENT DEATH RATES
Cause of death by race, per 100,000 teens, (ages 15-19), Maryland, 1992



Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

TEEN VIOLENT DEATHS
By Cause, Maryland, 1985-88, 1989-92

	1985-88	1989-92
Accidents	61%	50%
Homicides	22%	38%
Suicides	17%	12%

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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TEEN VIOLENT DEATH RATE

Number of teen deaths (ages 15-19) from accidents, homicide and suicide, violent death rates per 100,000 teens ages 15-19, Maryland, 1985-88 and 1989-92:

County	1985-88 Total Deaths	Death Rate*	1989-92 Total Deaths	Death Rate*
Allegany	22	80.1	10	44.5
Anne Arundel	84	55.8	55	47.9
Baltimore City	175	64.7	210	110.8
Baltimore County	103	48.5	76	47.2
Calvert	17	97.8	12	82.9
Caroline	8	94.3	7	99.8
Carroll	38	91.2	25	73.7
Cecil	14	52.3	18	84.6
Charles	32	81.0	25	82.5
Dorchester	5	52.9	8	114.8
Frederick	22	43.1	21	50.1
Garrett	9	92.9	3	—
Harford	39	62.2	29	57.4
Howard	16	29.0	23	51.6
Kent	4	67.8	5	97.0
Montgomery	82	37.4	59	34.8
Prince George's	145	54.6	202	99.9
Queen Anne's	9	90.1	7	88.7
St. Mary's	13	44.6	12	54.2
Somerset	4	47.9	7	100.9
Talbot	6	72.8	5	80.2
Washington	25	62.3	22	72.7
Wicomico	16	64.6	16	71.8
Worcester	7	68.9	6	80.1
MARYLAND	895	55.8	863	70.3

— Number too small to calculate a reliable rate

* Rate is based on total number of deaths from 1985 to 1987 and 1989 to 1992

Source: Maryland Department of Health and Mental Hygiene, Division of Health Statistics

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CHILD ABUSE AND NEGLECT

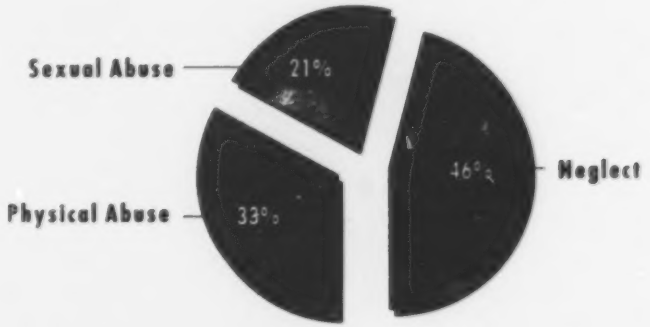
The child abuse and neglect rate is defined by the number of indicated investigations for every 1,000 children under age 18. Investigations are indicated when public welfare officials determine that there is a preponderance of evidence suggesting that abuse or neglect has occurred.

Child abuse is a community problem; it reflects society's failure to care, nurture and protect children. Children from all races and classes can be victims of abuse and neglect. Children are at an increased risk of abuse and neglect if their parents or caregivers are coping with multiple problems such as alcohol and substance abuse, poverty, unemployment, domestic violence and homelessness.

Children who are abused and neglected may suffer both short- and long-term social, emotional and physical harm. Abuse and neglect may result in chronic low self-esteem, learning disorders, developmental delays and even death. Abused and neglected children are at an increased risk for poor school performance such as low grades and frequent grade repetition, with neglected children at the greatest risk. Although child abuse and neglect does not necessarily lead to juvenile delinquency, about 20-30% of adjudicated youth were abused or neglected as children.

In 1993, there were over 11,000 indicated child abuse and neglect investigations in Maryland-- up 16.8% from 1990. Indicated neglect investigations increased 20.6% between 1990 and 1993.

INDICATED CHILD ABUSE INVESTIGATIONS IN MARYLAND
By Type of Abuse, 1993



Source: Maryland Department of Human Resources

COUNTY FINDINGS:
The number of indicated child abuse and neglect investigations per 1,000 children in Maryland has increased from 8.2 in 1990 to 9.2 in 1993. In 1993, the lowest investigation rate per 1,000 children occurred in Montgomery (2.8) and Howard (3.1) counties. Dorchester County and Baltimore City experienced the highest child abuse investigation rates at 14.9 and 23.9, respectively.

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CHILD PROTECTIVE SERVICES (CPS) INDICATED CHILD ABUSE AND NEGLECT INVESTIGATIONS

Number of CPS indicated investigations of children under age 18, by type of investigation, Maryland, 1990 and 1993:

	1990			1993		
County	Physical	Neglect	Sexual	Physical	Neglect	Sexual
Allegany	60	76	60	71	102	51
Anne Arundel	143	257	132	218	383	185
Baltimore City	1,090	2,032	610	1,098	2,606	645
Baltimore County	393	261	175	425	275	224
Calvert	44	44	23	52	24	30
Caroline	10	19	11	20	16	19
Carroll	81	65	48	52	35	72
Cecil	41	77	40	61	75	52
Charles	118	69	34	196	76	52
Dorchester	8	27	19	23	59	25
Frederick	60	26	63	120	110	80
Garrett	22	25	13	9	26	12
Harford	162	152	99	128	105	87
Howard	84	91	37	52	68	39
Kent	6	6	3	9	5	7
Montgomery	157	202	155	144	207	184
Prince George's	529	518	241	760	612	293
Queen Anne's	16	14	12	13	18	8
St. Mary's	90	61	50	68	53	52
Somerset	20	19	14	12	18	16
Talbot	13	28	12	11	23	14
Washington	68	69	53	57	127	94
Wicomico	84	87	65	72	67	63
Worcester	18	23	21	26	33	35
MARYLAND	3,317	4,248	1,990	3,697	5,123	2,339

Source: Maryland Department of Human Resources

CHILD PROTECTIVE SERVICES (CPS) INDICATED CHILD ABUSE AND NEGLECT INVESTIGATIONS

Total number of CPS indicated physical abuse, neglect and sexual abuse investigations 1990 and 1993, total CPS indicated investigations per 1,000 children under age 18, Maryland, 1990 and 1993:

County	1990 Total	1993 Total	1990 Rate	1993 Rate
Allegany	196	224	12.0	13.4
Anne Arundel	532	786	5.1	7.2
Baltimore City	3,732	4,349	20.7	23.9
Baltimore County	829	924	5.5	5.8
Calvert	111	106	7.6	6.6
Caroline	40	55	5.6	7.5
Carroll	194	159	5.9	4.6
Cecil	158	188	8.1	9.0
Charles	221	324	7.4	10.6
Dorchester	54	107	7.8	14.9
Frederick	149	310	3.8	7.3
Garrett	60	47	7.9	6.0
Harford	413	320	8.5	6.3
Howard	212	159	4.4	3.1
Kent	15	21	3.9	5.3
Montgomery	514	535	2.9	2.8
Prince George's	1,288	1,665	7.2	8.7
Queen Anne's	42	39	5.0	4.6
St. Mary's	201	173	9.3	7.9
Somerset	53	46	11.2	9.3
Talbot	53	48	8.2	7.5
Washington	190	278	6.9	9.8
Wicomico	236	202	13.0	10.4
Worcester	62	94	8.1	11.7
MARYLAND	9,555	11,159	8.2	9.2

Rate calculated by Maryland Kids Count
Source: Maryland Department of Human Resources

JUVENILE VIOLENT CRIME ARRESTS

Juvenile violent crime arrest rate represents the number of arrests of youths ages 10-17 for violent offenses-- homicide, aggravated assault, forcible rape and robbery-- per 10,000 youths ages 10-17 years.

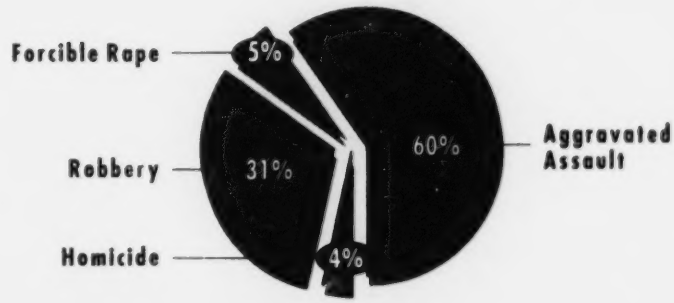
Poverty, family violence, neglect and abuse place teens at a greater risk of becoming involved in violent crimes.

In a 1994 national comparison, Maryland had the sixth highest juvenile violent crime arrest rate exceeded only by California, New Jersey, Florida, New York and Washington, D.C. The number of juvenile violent crime arrests grew 30% in four years: from 2,640 in 1990 to 3,419 in 1993. Aggravated assault constitutes the largest proportion of violent arrests. The number of aggravated assaults increased 31% between 1990 and 1993. Children are being arrested for violent crimes at younger ages. Youth under age 16 make up just over one-half of all juveniles arrested for a violent crime.

Female arrests make up 15% of all teen violent crime arrests. The number of violent crime arrests among female teens, however, increased 55% between 1990 and 1993.

COUNTY FINDINGS:
Between 1990 and 1993, 17 Maryland counties witnessed increases in their juvenile violent crime arrest rates. In 1993, Baltimore City, Wicomico and Somerset County, respectively, had the highest rates.

JUVENILE VIOLENT CRIME ARRESTS BY TYPE
Maryland, 1993



Source: Uniform Crime Reporting Program, Maryland State Police

JUVENILE VIOLENT CRIME ARREST RATE

Number of violent crime arrests and rate of violent crime arrests per 10,000 youth ages 10-17, Maryland, 1990-93:

County	1990	1991	1992	1993	Rate per 10,000 1990	Rate per 10,000 1993
Allegany	18	22	19	21	24.5	27.1
Anne Arundel	46	64	66	94	10.6	20.8
Baltimore City	1,066	1,079	1,101	1,167	150.7	171.1
Baltimore County	428	524	581	591	70.3	91.5
Calvert	11	14	24	26	17.7	37.6
Caroline	2	9	17	5	6.7	16.0
Carroll	16	8	11	17	11.8	11.7
Cecil	38	31	38	50	44.6	56.5
Charles	34	29	36	64	27.2	48.0
Dorchester	31	24	16	29	107.5	95.4
Frederick	73	75	86	100	45.1	57.0
Garrett	8	4	7	1	23.2	2.7
Harford	44	46	30	21	22.3	10.1
Howard	24	46	62	85	12.4	44.1
Kent	0	7	5	7	0.0	42.4
Montgomery	157	187	192	128	22.2	16.9
Prince George's	473	564	525	747	64.9	97.4
Queen Anne's	5	9	22	6	14.9	16.9
St. Mary's	45	36	58	46	52.6	51.3
Somerset	6	14	13	30	28.1	131.6
Talbot	15	9	16	21	58.1	78.4
Washington	21	30	43	39	18.1	32.7
Wicomico	63	96	110	113	81.9	140.0
Worcester	15	18	23	11	46.9	34.0
MARYLAND	2,640	2,945	3,103	3,419	55.9	69.5

Source: Uniform Crime Reporting Program, Maryland State Police

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JUVENILE SERVICES

In 1993, over 48,815 complaints against youths were screened and evaluated by the Maryland Department of Juvenile Services (DJS), a 26% increase from 1990. The 48,815 complaints involved a total of 33,984 youths. Property offenses (e.g., arson, auto-theft, theft, burglary/breaking and entering and malicious destruction) represented the largest proportion (43%) of intake cases. Person-to-person offenses (e.g., assault, robbery, sex offenses and murder/manslaughter) accounted for 21% of all juvenile intake cases. Alcohol and drug-related violations constituted 14% of intake cases. The number of intake cases for drug-related offenses (possesion and distribution) increased 53% from 1992 to 1993.

Males accounted for 80% of the total intake cases and approximately 88% of the formal cases. Close to 74% of the youth referred to intake were between the ages of 14 and 17. The average age at referral was 14.9 years. In 1993, about 42% of the total intake cases involved white youth, 56% were African-American and 2% were other races.

Of the 48,815 cases that were referred to the Department of Juvenile Services, 42% received formal court action. The most common court disposition was probation (26% of cases). Approximately 1,800 youths were committed to residential facilities (excluding secure detention and structured shelter care).

COUNTY FINDINGS:

In 1993, seven counties exceeded the State intake average of 114 cases screened per 1,000 youth ages 11-17 years. The counties with the highest intake rate were Baltimore City, Talbot and Dorchester counties. Although Worcester county had the highest rate at 291.7, only 37% of cases involved residents of the county. Garrett, Howard, Harford and Montgomery counties experienced the lowest rates.

JUVENILE SERVICES

Number and percent of intake cases in the Department of Juvenile Services 1990-93, percent change between 1990-93 and rate of intake per 1,000 youths ages 11-17, Maryland, 1992 and 1993:

County	1990	1991	1992	1993	Percent Change	1992 Rate	1993 Rate
Allegany	510	560	566	585	14.7	85.3	83.4
Anne Arundel	2,716	2,703	3,513	3,581	31.8	90.9	91.1
Baltimore City	9,776	10,741	12,026	16,946	73.3	176.3	265.6
Baltimore County	5,405	5,211	5,796	5,783	7.0	99.0	108.6
Calvert	453	441	738	673	48.6	124.6	114.2
Caroline	213	210	371	329	54.5	138.7	123.4
Carroll	747	710	919	882	18.1	74.2	70.6
Cecil	748	731	779	838	12.0	95.3	111.9
Charles	987	1,102	1,114	1,218	23.4	98.3	105.9
Dorchester	354	309	390	433	22.3	130.3	170.5
Frederick	1,210	1,377	1,547	1,512	25.0	99.4	97.5
Garrett	226	207	229	167	-26.1	70.4	55.5
Harford	1,060	1,046	1,302	1,074	1.3	74.0	58.4
Howard	825	1,018	879	868	5.2	50.1	49.4
Kent	173	147	174	176	1.7	129.1	108.4
Montgomery	4,065	4,233	4,664	3,515	-13.5	74.3	56.9
Prince George's	5,483	5,993	6,295	5,600	2.1	93.7	82.7
Queen Anne's	232	243	321	327	40.9	95.9	101.6
St. Mary's	489	597	703	756	54.6	96.1	94.2
Somerset	101	142	209	217	114.9	99.7	96.7
Talbot	316	318	429	524	65.8	188.2	220.1
Washington	938	963	977	1,013	8.0	94.0	97.2
Wicomico	766	822	923	960	25.3	135.6	127.7
Worcester	911	822	960	858	-8.0	300.3	291.7
MARYLAND	38,704	40,646	45,824	48,815	26.1	105.1	114.0

Note: Worcester County intake is high because a resort town is located in this county.
Source: Department of Juvenile Services

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SCHOOL VIOLENCE

School violence is defined by the number of physical attacks against teacher/staff, physical attacks against student(s), verbal/physical threats against teacher/staff, and verbal/physical threats against student(s) resulting in a suspension and/or expulsion from school.

A violent environment in the schools impedes both the learning process and the social development of students. Violent incidences increase the level of stress and anxiety for students and create an atmosphere of fear. A 1990 national survey of ninth to twelfth grade students revealed that 8% of all students had been in at least one physical fight that required medical treatment during the 30 days preceding the survey. An estimated 18 physical fights occurred per 100 students per month. Many violent incidences among children and youth take place on school grounds. In-school fights, however, may also fuel the continuation of violence outside the school walls and potentially lead to serious injuries or even death.

In the Maryland public schools, there were 25,285 suspensions/expulsions for violence-related behavior during the 1992-93 school year. Physical attacks on fellow students constitute 86% of violence-related offenses. In the 1992-93 school year, there were 21,747 physical attacks against students-- up 20.4% from the 1984-85 school year. The number of physical attacks against teacher/staff has doubled over the past nine years: from 637 in 1984-85 to 1,284 in 1992-93.

SCHOOL VIOLENCE

Number of violence-related offenses by type of behavior, Maryland public schools, 1984-85, 1991-92 and 1992-93:

Type of Offense	1984-85	1991-92	1992-93	Percent change 1984-85 to 1992-93
Physical Attack on Student	18,064	20,820	21,747	20.4
Physical Attack on Teacher/Staff	637	1,210	1,284	101.6
Verbal/Physical Threat on Student	723	756	971	34.3
Verbal/Physical Threat on Teacher/Staff	1,200	1,127	1,283	6.9
Total	20,624	23,913	25,285	22.6

Source: Maryland State Department of Education and A Comprehensive Report on Efforts to Reduce Violence in Schools, September, 1993 (prepared by the Division of Compensatory Education and Support/Services/Pupil Services and Drug Free School Branch)

TEEN SUBSTANCE USE

Teen substance use is the percentage of eighth and twelfth grade students who reported use of cigarettes, alcohol, marijuana and inhalants in the past year.

Many adolescents first experiment with tobacco, alcohol and illicit substances at an early age. Alcohol consumption and illicit drug use affect a teen's physical development, motivation and ability to concentrate in school. It can contribute to poor academic performance and is related to a lack of parental and community supports. Drug use is higher among teens who do not have definite, positive future plans.

In 1992, Maryland public high school seniors reported that they had begun use of cigarettes, beer, wine and inhalants at a median age of 11.5 years. Marijuana use began at 14.5 years. Marijuana is the most widely used illicit drug among high-school seniors. Twenty-eight percent of twelfth graders reported use of marijuana in the past year. Binge drinking--five or more servings of alcohol on one occasion— is also common among adolescents. Close to one-half of high school seniors and 12.2% of eighth graders reported binge drinking in the past year.

Too many teens drive or ride with someone who is under the influence of alcohol or illicit drugs. In 1992, nearly 60% of twelfth grade students reported that they had ridden in a car at least once with someone who had consumed alcohol or illicit drugs. In 1992, teenage drivers caused 89 fatalities in Maryland-- in 12.4% of these deaths the driver had consumed alcohol. In that same year, 188 teens were arrested for driving under the influence (DUI) of alcohol.

COUNTY FINDINGS:
Eighth grade students in Garrett county had the highest reported percentage of binge drinking, liquor consumption and cigarette smoking. Among twelfth grade students, Talbot county had the highest reported percentage of liquor consumption and binge drinking.

TEEN SUBSTANCE USE

TOTAL FATALITIES IN CRASHES IN WHICH A TEENAGE DRIVER WAS INVOLVED (AGES 16-19) OVER THE PAST DECADE, 1983-1992:

County	Fatalities	Percent of fatalities in which alcohol was involved*
Allegany	21	22.7
Anne Arundel	133	26.0
Baltimore City	70	23.3
Baltimore County	125	24.7
Calvert	19	17.2
Caroline	13	25.4
Carroll	52	24.8
Cecil	32	17.4
Charles	42	36.7
Dorchester	17	20.7
Frederick	54	34.4
Garrett	11	27.2
Harford	82	26.3
Howard	35	16.8
Kent	11	34.4
Montgomery	126	32.2
Prince George's	178	20.3
Queen Anne's	17	3.8
St. Mary's	32	50.8
Somerset	6	35.2
Talbot	20	13.0
Washington	34	30.1
Wicomico	35	15.2
Worcester	21	30.6
MARYLAND	1,186	27.6

* driver blood alcohol content .01 - .10+

Source: U.S. Department of Transportation, National Highway Traffic Safety Administration

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SUBSTANCE USE BY MARYLAND EIGHTH GRADE STUDENTS

Percentage of Eighth grade students who reported drug and alcohol use in 1992, Maryland:

County	Cigarettes	Beer/Wine	Liquor*	5 or more servings any alcohol on same occasion	Marijuana	Glue/aerosol cans or other inhalants
Allegany	28.6	38.6	15.8	14.0	3.5	14.0
Anne Arundel	23.7	43.5	23.9	15.9	10.2	13.2
Baltimore City	16.1	36.3	10.5	7.1	4.7	3.7
Baltimore County	32.3	42.1	21.7	12.2	7.8	11.3
Calvert	32.9	51.3	38.0	20.3	5.7	12.7
Caroline	25.4	34.3	20.9	10.4	4.4	4.4
Carroll	35.1	46.6	26.0	10.6	9.8	9.9
Cecil	29.6	45.0	32.1	11.1	11.2	10.0
Charles	30.6	47.5	33.9	14.9	4.1	10.7
Dorchester	26.7	37.8	24.7	15.7	6.7	7.9
Frederick	29.6	38.5	19.1	11.9	2.8	8.4
Garrett	56.6	54.7	35.8	22.6	1.9	9.6
Harford	35.7	50.0	34.0	22.1	9.6	3.8
Howard	34.0	48.4	25.0	13.0	5.1	13.0
Kent	29.2	54.1	20.8	11.1	4.1	4.2
Montgomery	26.2	35.7	20.3	9.9	6.6	7.6
Prince George's	18.8	42.4	19.0	N/A	4.6	7.5
Queen Anne's	35.6	34.1	26.7	6.7	8.9	13.3
St. Mary's	38.9	51.1	25.6	14.4	3.3	3.3
Somerset	19.5	35.8	20.7	11.1	8.6	8.6
Talbot	30.4	35.1	16.1	14.3	3.4	3.2
Washington	38.9	41.7	23.6	14.5	7.5	14.0
Wicomico	36.6	58.3	23.0	20.3	8.2	9.3
Worcester	N/A	N/A	N/A	N/A	N/A	N/A
MARYLAND	26.4	41.5	21.4	12.2	5.9	8.2

*Liquor (rum, vodka or whiskey) N/A - not available

Source: Maryland State Department of Education, Division of Compensatory Education and Support Services, Division of Planning, Results and Information

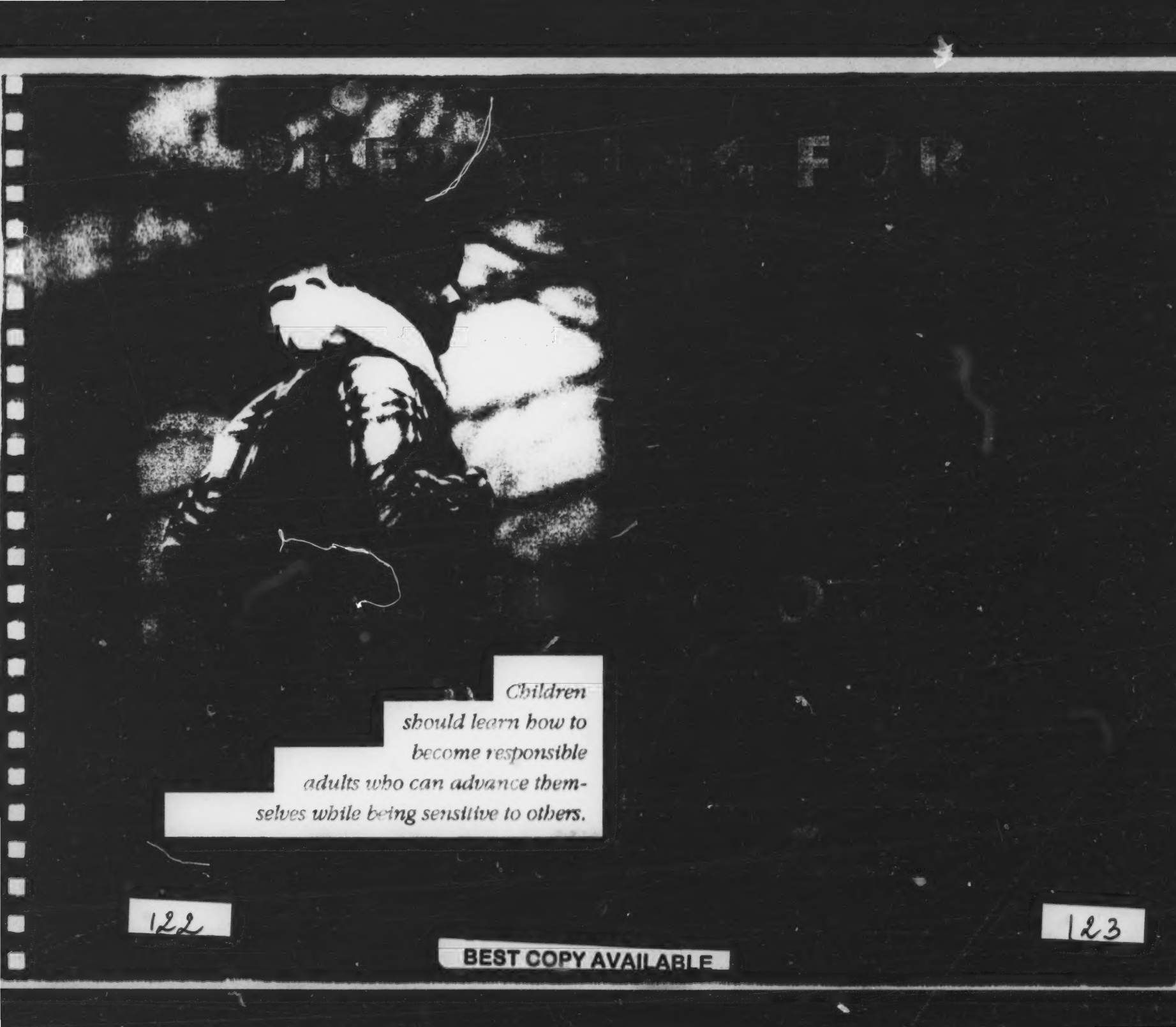
SUBSTANCE USE BY MARYLAND TWELFTH GRADE STUDENTS

Percentage of Twelfth grade students who reported drug and alcohol use in 1992, Maryland:

County	Cigarettes	Beer/Wine	Liquor*	5 or more servings any alcohol on same occasion	Marijuana	Glue/aerosol cans or other inhalants
Allegany	53.3	71.7	46.7	52.2	45.7	17.4
Anne Arundel	47.9	76.4	58.2	54.7	57.2	12.2
Baltimore City	25.2	66.1	38.3	40.0	16.5	3.5
Baltimore County	39.3	72.7	49.3	46.1	29.5	6.5
Calvert	49.4	79.3	55.8	55.8	34.9	12.6
Caroline	44.7	72.4	46.1	38.2	23.7	9.2
Carroll	45.5	75.3	56.5	52.5	25.2	11.0
Cecil	54.0	85.4	72.9	58.7	38.5	11.5
Charles	47.6	78.2	55.6	51.2	26.7	8.0
Dorchester	57.6	72.7	48.4	53.1	30.3	9.1
Frederick	45.4	69.5	52.1	55.6	25.9	10.5
Garrett	51.0	74.5	60.8	60.8	19.6	3.9
Harford	43.4	79.3	53.3	55.6	42.2	8.4
Howard	44.8	71.1	54.5	55.2	20.4	6.1
Kent	48.8	70.7	59.0	55.0	22.5	15.0
Montgomery	43.0	68.9	49.7	44.9	26.0	7.7
Prince George's	16.2	53.8	29.7	29.4	13.6	2.1
Queen Anne's	56.5	77.4	60.3	53.2	23.8	1.6
St. Mary's	34.8	67.8	42.6	40.9	15.8	5.3
Somerset	40.0	80.0	46.7	40.0	40.0	6.7
Talbot	53.8	84.6	74.4	71.8	37.5	15.0
Washington	40.2	70.6	46.9	40.4	21.6	9.4
Wicomico	57.9	69.6	61.4	54.4	42.1	3.5
Worcester	N/A	N/A	N/A	N/A	N/A	N/A
MARYLAND	41.9	72.2	50.5	48.5	27.6	7.7

*Liquor (rum, vodka or whiskey) N/A - not available

Source: Maryland State Department of Education, Division of Compensatory Education and Support Services, Division of Planning, Results and Information



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MARYLAND SCHOOL PERFORMANCE ASSESSMENT PROGRAM (MSPAP)

The Maryland School Performance Assessment Program (MSPAP) measures school performance in relation to standards for 1996 and Maryland's educational goals for the year 2000. Schools must meet standards for satisfactory performance by 1996 in reading, mathematics, science and social studies. These assessments provide information primarily on school performance rather than individual student performance and focus on students' "higher level thinking skills" (i.e., their ability to apply knowledge and skills to solve problems, make decisions, and so forth). MSPAP assesses learning outcomes in reading, writing, language usage, mathematics, science and social studies. MSPAP assessments are performance-based: students write, sketch and diagram responses to assessment questions and other activities rather than select answers in multiple-choice items.

COUNTY FINDINGS:

In 1994, no local school system met the standard for satisfactory school performance (i.e., 70% of students at or above proficiency Level 3, which must be met by 1996). The state, however, is at least half way toward meeting the 70% standard in 8 of 18 MSPAP test areas.

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MARYLAND SCHOOL PERFORMANCE ASSESSMENT PROGRAM (MSPAP)

Percent of students scoring at Proficiency Level 3 or better, Maryland, 1994:

	Grade 3				Grade 5				Grade 8			
County	Reading	Math	Social Studies	Science	Reading	Math	Social Studies	Science	Reading	Math	Social Studies	Science
Allegany	23.3	20.7	23.2	21.9	21.3	30.5	20.4	26.9	21.7	34.1	29.4	38.7
Anne Arundel	37.7	44.0	42.0	44.2	37.0	53.6	40.6	48.4	23.7	45.9	32.3	42.9
Baltimore City	9.2	12.4	11.6	12.5	10.0	13.2	9.7	10.6	5.4	9.4	7.7	9.1
Baltimore County	33.2	37.8	35.4	37.8	34.2	47.4	38.2	43.3	28.5	44.7	36.7	45.7
Calvert	32.8	28.8	30.4	34.3	40.6	43.3	42.1	50.8	29.9	43.5	38.6	46.7
Caroline	25.4	33.8	25.7	34.3	23.2	40.7	27.1	33.5	15.2	32.3	23.8	29.8
Carroll	42.2	47.2	46.1	53.0	42.4	55.0	44.1	52.1	36.3	57.2	47.5	60.1
Cecil	29.7	29.4	33.9	32.9	34.0	40.0	37.3	40.3	32.9	44.1	42.2	45.3
Charles	27.3	24.4	27.6	27.3	26.6	35.0	30.1	33.3	27.3	43.4	37.6	41.6
Dorchester	23.3	22.1	19.5	22.9	20.5	26.1	16.5	23.5	19.0	23.8	28.1	27.6
Frederick	40.5	42.5	41.0	43.9	43.3	56.3	45.7	51.1	34.8	57.2	38.7	53.2
Garrett	28.0	32.9	31.7	40.3	31.4	41.3	36.5	44.4	31.9	58.8	45.2	54.3
Harford	39.9	43.5	42.1	42.5	31.3	52.0	38.0	42.6	28.2	52.6	39.2	47.4
Howard	45.0	49.9	47.7	51.2	41.9	61.9	49.0	59.4	39.0	62.8	48.3	61.0
Kent	45.7	53.5	51.6	57.2	35.1	38.7	39.2	40.2	29.6	50.8	41.3	53.1
Montgomery	42.4	49.1	44.1	48.5	41.3	60.7	44.7	54.9	31.6	55.3	42.1	52.6
Prince George's	21.3	20.8	20.7	21.3	21.7	27.2	19.6	25.2	14.8	22.6	19.8	24.4
Queen Anne's	37.0	36.0	37.8	43.0	37.5	40.3	36.4	43.8	30.6	51.0	40.3	44.7
St. Mary's	31.3	36.4	32.1	38.6	30.1	42.7	35.2	44.1	25.1	45.4	34.0	53.0
Somerset	18.2	13.2	17.8	18.2	24.6	29.2	21.7	27.9	9.1	21.9	18.7	23.3
Talbot	29.0	34.3	35.8	37.6	35.0	46.5	35.8	43.9	29.4	48.2	43.0	44.9
Washington	29.5	31.5	30.2	31.7	27.9	38.0	33.3	39.1	26.5	47.7	38.2	47.9
Wicomico	24.4	21.6	26.2	27.9	26.0	31.7	27.7	29.6	19.9	29.0	29.3	30.8
Worcester	32.4	25.2	29.8	30.2	21.5	29.1	28.0	30.8	20.9	36.7	31.5	32.7
MARYLAND	30.6	33.9	32.4	34.8	30.2	42.0	32.7	38.7	24.0	40.2	31.9	39.7

Source: Maryland State Department of Education, *Maryland School Performance Report, 1994*

ON-TIME GRADUATION

On-time graduation rate is the percentage of students who complete their high school education within four years. This rate does not reflect those students who drop out of high school and eventually earn their high school diploma or General Equivalency Diploma (GED).

Obtaining a high school diploma indicates that a teen has acquired some minimal basic knowledge and skills. Teens who do not complete high school narrow their employment opportunities and diminish their earning power. The risk of sporadic, low-wage employment and poverty increases for these teens. In 1992, the average income for a male and female who had not completed high school were $14,934 and $9,311, respectively.

In Maryland, 57% of high school dropouts ages 16-19 were either unemployed or outside of the labor market in 1990.

Students who have repeated one or more grades are twice as likely to drop out of high school than those students who have never been held back. Regardless of race, poor teens are less likely to complete high school on-time. Poorer teens are twice as likely as middle-income teens and 11 times as likely as wealthy teens to drop out of high school.

COUNTY FINDINGS:
In 1994, three-fourths of Maryland students graduated on time. Only six Maryland counties made progress in improving their on-time graduating rates from 1993. Five counties had on-time graduation rates of 90% or better.

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ON-TIME GRADUATION RATE

Graduates in June as a percent of ninth graders enrolled in September four years prior, Maryland, 1990-94:

County	1990 Percent	1991 Percent	1992 Percent	1993 Percent	1994 Percent
Allegany	91.0	89.8	92.5	90.9	93.0
Anne Arundel	71.6	69.8	76.3	78.5	74.1
Baltimore City	38.4	40.1	37.5	39.1	38.9
Baltimore County	78.0	80.8	89.5	87.0	85.4
Calvert	95.0	91.8	95.0	91.3	90.7
Caroline	66.5	72.9	78.9	70.9	78.2
Carroll	85.8	90.6	86.8	86.4	87.2
Cecil	77.6	79.5	80.4	81.4	76.2
Charles	83.7	82.1	90.2	78.3	84.2
Dorchester	78.5	78.9	76.3	81.8	75.7
Frederick	87.3	90.7	89.3	93.9	89.7
Garrett	92.4	85.8	84.1	90.6	83.6
Harford	76.7	80.0	82.0	81.0	79.8
Howard	94.1	93.4	93.1	98.4	96.3
Kent	76.1	90.4	81.6	94.0	90.2
Montgomery	90.4	91.7	93.5	94.7	90.8
Prince George's	71.8	76.3	75.5	72.9	77.3
Queen Anne's	77.4	78.4	72.4	81.7	77.8
St. Mary's	76.4	77.5	78.2	80.2	71.6
Somerset	73.3	81.3	85.1	77.4	74.8
Talbot	75.8	76.0	75.3	70.4	65.2
Washington	79.3	79.9	87.5	82.9	85.2
Wicomico	81.4	79.1	81.0	79.3	74.7
Worcester	82.2	88.6	86.2	85.9	77.0
MARYLAND	72.8	74.7	77.0	76.7	75.8

Source: Maryland State Department of Education

HIGH SCHOOL PROGRAM COMPLETION

High School Program Completion reflects the percent of high school graduates who have completed the minimum course requirements for admission to the University of Maryland System and/or the percent of graduates who have completed the requirements for an approved occupational program. The latter entails the completion of at least four credits in a state-approved occupational program (e.g., masonry, carpentry, licensed practical nursing, or food services) in addition to the specified requirements for high school graduation.

Close to one in two American high school graduates do not go on to college, and for those who do, less than one-quarter obtain a college degree. Many youth who enter the labor market after high school are relegated to minimum wage and dead-end jobs. Fast-growing jobs in today's economy require high levels of language, math and reasoning skills. Although one in five jobs today requires a post-secondary education, more than one-half of all new jobs created by the end of this century will demand some education beyond high school, and close to one-third will require a college degree.

COUNTY FINDINGS:

In 1994, the percent of high school graduates completing the University of Maryland System requirements varied from 67.3% in Howard County to 21.7% in Somerset County. In 1994, the percent of students who completed the requirements for an approved occupational program ranged from 50% in Somerset County to 7.5% in Montgomery County.

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HIGH SCHOOL PROGRAM COMPLETION

Percent of graduates who have completed minimum course requirements that would qualify them for admission to the University of Maryland System and the percent of graduates who have completed the requirements for an approved occupational program, Maryland, 1991-94:

	University of Maryland System Requirements				Approved Occupational Program Requirements			
County	1991 Percent	1992 Percent	1993 Percent	1994 Percent	1991 Percent	1992 Percent	1993 Percent	1994 Percent
Allegany	29.7	34.2	33.2	33.5	29.9	28.6	32.8	32.2
Anne Arundel	42.0	41.2	43.8	45.9	18.3	14.2	12.8	11.1
Baltimore City	31.5	29.4	31.8	33.0	23.8	19.7	18.0	22.9
Baltimore County	42.8	40.6	46.6	44.4	11.6	17.7	18.5	17.8
Calvert	47.2	49.3	46.1	49.9	13.5	17.7	19.7	17.8
Caroline	26.3	38.6	34.6	35.0	30.2	26.2	31.3	26.6
Carroll	28.6	39.2	45.2	43.4	15.6	15.8	16.6	15.3
Cecil	33.0	39.0	35.1	37.2	24.5	21.8	17.4	20.9
Charles	37.2	30.6	35.4	37.2	23.0	51.7	11.3	7.7
Dorchester	28.2	37.8	41.7	48.8	27.1	27.4	34.5	39.5
Frederick	49.6	48.8	50.9	60.5	12.4	16.7	16.5	12.4
Garrett	28.5	26.2	30.2	26.6	36.9	37.1	41.4	36.7
Harford	24.4	42.6	41.4	62.3	4.5	13.3	12.5	7.6
Howard	69.4	68.2	70.3	67.3	6.2	7.6	6.1	7.7
Kent	38.9	42.5	41.4	51.6	44.4	25.3	28.7	10.9
Montgomery	60.5	61.4	62.1	62.7	3.8	7.4	7.2	7.5
Prince George's	45.6	31.6	41.3	44.8	6.0	19.0	15.1	13.7
Queen Anne's	40.7	37.4	48.9	50.8	36.1	24.6	20.2	21.9
St. Mary's	33.7	34.8	40.7	29.5	11.8	21.8	20.7	24.2
Somerset	23.3	25.4	25.4	21.7	41.5	46.9	45.0	50.0
Talbot	30.6	46.3	66.0	44.8	17.6	11.5	5.3	9.0
Washington	33.4	31.5	29.4	37.2	29.9	29.7	30.7	25.6
Wicomico	47.7	44.5	45.4	46.0	24.6	25.5	22.9	21.2
Worcester	38.9	45.9	51.5	51.4	22.4	19.8	30.2	19.7
MARYLAND	43.5	42.5	46.0	48.1	13.6	17.5	15.6	14.9

Source: Maryland Department of Education, *Maryland School Performance Report, 1994*

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EARLY CHILDHOOD AND CHILD CARE PROGRAMS

The early years of children's lives are critical to their development and growth. Children's experiences and environment can influence or undermine their ability to thrive and actualize their dreams. Good child care and early childhood programs provide children with the health, educational and social skills they need to build a strong foundation for future achievement.

Changes in the family and the economy have contributed to the growing demand for child care. In 1993, more than one-half of U.S. women with children under age three and 64% of women with children aged three to five were working. Regardless of whether they work, parents increasingly want their children to have a preschool experience.

In Maryland, there are 456,701 children between the ages of five and twelve. Most children have a working mother. In 1994, 77% of Maryland children under the age of twelve had mothers in the labor force.

CHILDREN'S PROGRAMS BY TYPE WITH CAPACITY[1]/ENROLLMENT[2]

Type of Program	Number of Programs	Capacity/ Enrollment
Family Child Care	12,605	76,761
CCA Licensed Group Programs	2,011	91,367
8-12 Hour Child Care Centers	1,115	59,384
Infant/Toddler	184	2,506
Part-Day	433	N/A
Before/After School (school & center-based)	1,070	N/A
Small Centers	67	N/A
Employer-Sponsored Centers	80	6,919
Youth Camps	274	N/A
Public Nursery Schools (Pre-K)	500	N/A
Private Nursery Schools (Pre-K)	302	N/A
Private Kindergarten	282	N/A
Public Kindergarten	817	N/A
Head Start*	207	8907+
EEEP**	176	8180+

[1] Capacity refers to the maximum number of children that the facility is licensed to care for at one time.

[2] Enrollment is the number of children currently registered to participate in a program.

N/A - not applicable * federally funded ** state funded +enrollment only

Note: Numbers do not total because facilities may have more than one type of program. Unless otherwise indicated, all programs are privately funded.

Source: Maryland Committee for Children/LOCATE, 9/94; Child Care Administration (CCA), Maryland State, Department of Human Resources; Maryland State Department of Education, 1993-94

EARLY CHILDHOOD AND CHILD CARE PROGRAMS

Family Child Care: Care given to children under age 13 or to persons with developmentally disabilities under age 21. A family child care provider is an individual other than a parent who provides care for less than 24 hours per day. Care is provided in a residence other than the child's and a fee is charged for the service. Regulations allow a family child care provider to care for no more than eight children at one time.

Child Care Administration (CCA) Licensed Group Programs: Programs which provide care for more than eight children subject to CCA of the Maryland Department of Human Resources regulations.

Child Care Centers: Child care provided in a facility that cares for children in the absence of a parent for part or all of the day. Centers are licensed by the CCA.

Infant/Toddler: The State of Maryland defines infant as a child under 18 months and a toddler as a child over 18 months and under age two.

Part Day: CCA regulated program with an educational focus provided for children one or two years prior to entering kindergarten. These programs are usually two to three hours/day, two to three days/week and nine months/year.

Before/After School (school and center-based): School-age child care for children enrolled in kindergarten or above. Care is provided before and/or after school and during school holidays/vacations. Before/after school care is licensed by the CCA. Programs may operate from a school building or other licensed facility.

Small Centers: Small centers, licensed by the CCA for a maximum of 12 children, may be located in residential or non-residential settings.

Employer-Sponsored Centers: A child care center located on-site or off-site. This type of center is sponsored by a corporation, business or other employer. Employees are given priority for enrollment slots.

Youth Camps (Licensed): A day, residential, travel or trip camp licensed by the Maryland Department of Health and Mental Hygiene. These camps operate primarily during the summer months.

Nursery School: An instructional program approved or exempted by the Maryland State Department of Education for children ages two to four. The maximum length of the program is six hours per day. Most programs, however, operate only a few hours per day and may meet only two or three times per week for a nine month period.

Kindergarten: An instructional program for children who are age five by December 31st of each academic year. Programs may be operated by a private or public school. Kindergarten is the school year preceding first grade.

Head Start: Project Head Start provides comprehensive developmental services for children from low-income families. Head Start is comprised of four components including education, health, parent involvement and social services. Head Start Centers service children from age three to school entry age from income eligible families.

Extended Elementary Education Program (EEEP): EEEP provides public pre-kindergarten education for children age 4. Many of these children have language deficiencies and no prior knowledge or experiential base to support school success and achievement. The program is available to all 4-year olds who reside in the attendance area of a qualifying school and whose parent(s) voluntarily enroll them in the program.

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APPENDIX

A demographic profile of Maryland's children

County	Child Population under age 18 Total Population	Minority* Population	Children's Living Arrangements Two-Parent	Single Parent	Relative/ Nonrelative	Median Family Income	Adult Unemployment-Rates 1993
Allegany	16,365	729	11,706	3,223	1,265	$27,069	10.5
Anne Arundel	105,188	19,583	79,141	15,668	9,816	$49,706	5.7
Baltimore City	179,869	130,573	63,886	75,790	41,101	$28,217	10.7
Baltimore County	151,162	32,351	109,894	27,131	12,989	$44,502	7.0
Calvert	14,600	2,687	11,140	1,803	1,628	$50,845	4.6
Caroline	7,100	1,492	4,742	1,366	904	$32,093	8.2
Carroll	32,770	1,412	26,964	3,557	2,118	$46,491	5.6
Cecil	19,508	1,407	14,310	3,161	1,790	$40,420	8.4
Charles	29,756	7,254	21,889	4,788	2,976	$49,724	4.3
Dorchester	6,917	2,616	3,877	1,927	1,092	$30,004	9.8
Frederick	39,731	3,643	31,790	5,104	2,748	$45,847	4.5
Garrett	7,620	145	6,003	986	516	$26,365	12.3
Harford	48,782	7,193	38,779	6,630	3,296	$45,923	6.6
Howard	48,482	10,134	39,888	6,155	2,355	$61,088	4.2
Kent	3,805	1,117	2,497	728	503	$35,231	7.2
Montgomery	178,244	65,208	141,488	25,450	10,762	$61,988	3.3
Prince George's	177,945	126,834	109,403	42,540	25,439	$48,471	5.1
Queen Anne's	8,341	1,132	6,273	1,205	850	$43,173	5.9
St. Mary's	21,553	4,075	16,620	3,080	1,787	$40,828	5.8
Somerset	4,727	1,933	2,702	1,285	722	$27,097	12.4
Talbot	6,433	1,484	4,426	1,283	697	$38,599	4.3
Washington	27,536	2,065	20,210	5,086	2,016	$34,614	8.2
Wicomico	18,110	5,635	11,591	4,420	2,009	$33,449	7.2
Worcester	7,697	2,409	4,910	1,766	993	$33,089	11.4
MARYLAND	1,162,241	433,111	784,129	242,132	130,372	$45,034	6.2

*Minority groups include: African-American, American Indian, Eskimo or Aleut, Asian or Pacific Islander, Hispanic groups and other races

Source: U.S. Bureau of the Census, 1990 & Office of Labor Market Analysis & Information, Maryland Department of Economic & Employment Development

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A demographic profile of Maryland's children

County	Percent of Children with Working Parents: Both Parents/ Sole Parent Working	Percent of Children with Working Parents: Working Mothers	Teen Idleness*: Number	Teen Idleness*: Percent
Allegany	59.3	63.5	242	5.0
Anne Arundel	70.7	73.6	1,247	5.2
Baltimore City	63.1	67.2	5,789	14.8
Baltimore County	68.7	71.8	1,661	5.1
Calvert	71.3	74.0	103	3.7
Caroline	73.3	76.8	223	15.4
Carroll	68.8	71.7	268	3.9
Cecil	67.5	70.9	274	6.2
Charles	73.8	77.2	368	6.0
Dorchester	72.6	76.5	170	12.3
Frederick	70.1	72.7	323	3.8
Garrett	56.4	61.1	151	8.6
Harford	66.2	70.1	364	3.5
Howard	73.2	76.2	274	3.2
Kent	73.2	76.9	49	4.3
Montgomery	70.2	73.8	997	3.0
Prince George's	79.0	82.3	2,036	4.8
Queen Anne's	71.3	73.9	122	8.0
St. Mary's	66.7	71.2	370	8.1
Somerset	75.3	77.7	179	9.9
Talbot	78.1	79.7	70	5.4
Washington	65.4	68.7	527	8.4
Wicomico	72.6	76.8	173	3.9
Worcester	73.4	77.5	92	6.7
Maryland	70.1	73.5	16,072	6.4

Teen Idleness: teens ages 16-19 not in school, not working and not looking for work, US. Bureau of the Census, 1990

METHODOLOGY AND SOURCES

The information in the ***Maryland 1994 KIDS COUNT Factbook*** comes from both state and national sources. The data was collected from state agencies and U.S. government bureaus.

This section identifies both the primary and secondary data sources and the methodology used to compute the findings.

INTRODUCTION

REFERENCES

KIDS COUNT Data Book: State Profiles of Child Well-Being, (1992). The Center for the Study of Social Policy: Washington, D.C.

The State of America's Children, 1992, (1992). Children's Defense Fund: Washington, D.C.

ECONOMIC WELL-BEING

CHILD POVERTY

Child poverty is the number and percent of related children under 18 living in families with incomes below the U.S. Poverty Threshold as defined by the U.S. Bureau of the Census. "Related children" include family head's children by birth, marriage or adoption under age 18, as well as other persons under 18 who are related to the family head. In 1990, the poverty threshold for a one-parent family of four persons was $13,360. The data were from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, *Census of Population and Housing 1990,* STF-3A, Tables 123, 124, 125 and 126 and Bureau of the Census, 1980 *Census of Population,* STF-3A.

Estimated child care costs, food, taxes and housing are based on a two-parent family with two children ages 1-2 and 3-5 years.

Center-based care refers to year-round care provided in non-residential facilities for 8-12 hours per day and licensed by the Child Care Administration of the Maryland Department of Human Resources. Family Day Care pertains to child care provided in the caregiver's home. Caregivers are registered with the Child Care Administration of the Maryland Department of Human Resources and offer full or part-time care. Child care data is provided by the Maryland Committee for Children, Inc. and the Department of Human Resources.

REFERENCES

1993 Poverty Analysis, Center on Budget and Policy Priorities: Washington, D.C.

Expenditures on a Child by Families, 1993, (1994). U.S. Department of Agriculture, Agricultural Research Service, Family Economics Research Group: Hyattsville, MD.

Leonard, P., Dolbeare, C and Zigas, B. *Children and their Housing Needs: A Report to KIDS COUNT.,* (1993).Center on Budget and Policy Priorities: Washington, D.C.

Shapiro, I. and Greenstein, R. *Making Work Pay: The Unfinished Agenda,* (1993). Center on Budget and Policy Priorities: Washington, D.C.

Sherman, A. *Wasting America's Future,* (1994). Children's Defense Fund: Washington, D.C.

State of Maryland Comprehensive Housing Affordability Strategy Five Year Plan, (1993). The Maryland Department of Housing and Community Development: Crownsville, MD

The State of America's Children, 1994, (1994). Children's Defense Fund: Washington, D.C.

CHILD SUPPORT

Child support is the number and percent of court-ordered child support cases in which any payment is received. The data were available from the Maryland Department of Human Resources.

REFERENCES

U.S. House. Committee on Ways and Means. *Overview of Entitlement Programs: 1992 Green Book,* (1992). U.S. Government Printing Office: Washington, D.C.

Ebb, Nancy. *Enforcing Child Support: Are States Doing the Job?,* (1994). Children's Defense Fund: Washington, D.C.

BIRTHS TO TEENS

Births to teens is the percentage of total births born to women under the age of 20. The percent is computed by dividing the number of babies born to women under age 20, by the total number of babies born; that number is then multiplied by 100.

Teen birth rate is the number of live births to women under age 20 per 1,000 women in this age group.

Birth data were obtained from the Maryland Department of Health and Mental Hygiene.

REFERENCES
Hoffman, S. D., Foster, M. E. & Furstenberg, F. F. (1993). Reevaluating the Costs of Teenage Childbearing, *Demography*, 30:1-13.

Sex and America's Teenagers, (1994). The Alan Guttmacher Institute: New York, NY.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

AFDC is the monthly average number of children under 18 who live in families receiving AFDC benefits and the average monthly amount of these benefits. The data were obtained by Maryland Department of Human Resources.

REFERENCES
U.S. House. Committee on Ways and Means. *Overview of Entitlement Programs: 1994 Green Book*, (1994). U.S. Government Printing Office: Washington, D.C.

GOOD HEALTH

LOW BIRTHWEIGHT

Low birthweight is the percentage of infants weighing less than 5.5 lbs. at birth. The data were provided by the Maryland Department of Health and Mental Hygiene.

REFERENCES
Miller, A., Fine, A. & Adams-Taylor, S. *Monitoring Children's Health: Key Indicators*, (1989). American Public Health Association: Washington, D.C.

Troubling Trends Persist: Shortchanging America's Next Generation, (1992). National Commission to Prevent Infant Mortality: Washington, D.C.

INFANT MORTALITY

The infant mortality rate is the number of infant deaths under one year of age, per 1,000 live births. The data were derived from the Maryland Department of Health and Mental Hygiene.

REFERENCES
A Data Book of Child and Adolescent Injury, (1991). Children Safety Network, National Center for Education in Maternal and Child Health: Washington, D.C.

Troubling Trends Persist: Shortchanging America's Next Generation, (1992). National Commission to Prevent Infant Mortality: Washington, D.C.

CHILDREN WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Data were from the AIDS Administration/Division of Surveillance, Maryland Department of Health and Mental Hygiene.

REFERENCES
Text provided by AIDS Administration/Division of Surveillance, Maryland Department of Health and Mental Hygiene.

LEAD POISONING

Lead poisoning is the number of children screened, the number and percent of children with lead poisoning and the number and percent of children with lead exposure. Data were obtained from the Maryland Department of the Environment.

REFERENCES
Miller, A., Fine, A. & Adams-Taylor, S. (1989). *Monitoring Children's Health: Key Indicators*, American Public Health Association: Washington, D.C.

Preventing Lead Poisoning in Young Children, (1991). U.S. Department of Health and Human Services, Public Service, Centers for Disease Control: Washington, D.C.

MEDICAID

Medicaid notes the number of children under 18 who are enrolled in Medicaid. The Maryland Department of Health and Mental Hygiene provided the data.

REFERENCES
Liu, J. , Regan, C., Orloff, T. M. & Rivera, L. A. *The Health of America's Children 1992: Maternal and Child Health Data Book*, Children's Defense Fund: Washington, D.C.

Personal Communication

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Patricia Holcomb, Information Officer, Policy and Health Statistics Administration, Maryland Department of Health and Mental Hygiene

LATE OR NO PRENATAL CARE

Late or no prenatal care percentage is the number of women who receive no prenatal care at all or none until the last three months of pregnancy, divided by the number of total births. The data were obtained from the Maryland Department of Health and Mental Hygiene.

REFERENCES
Brown, S. S., ed. *Prenatal Care: Reaching Mothers, Reaching Infants*, (1988). Institute of Medicine: National Academy Press: Washington, D.C.

Liu, J. , Regan, C., Orloff, T. M. & Rivera, L. A. (1992). *The Health of America's Children 1992*: Maternal and Child Health Data Book, Children's Defense Fund: Washington, D.C.

Miller, A., Fine, A. & Adams-Taylor, S. (1989). *Monitoring Children's Health: Key Indicators*, American Public Health Association: Washington, D.C.

WOMAN, INFANTS AND CHILDREN (WIC) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

Children in the WIC program reflects the number of children and infants participating in WIC, the estimated number of children eligible for WIC and the percent of children eligible and enrolled in WIC. The Maryland Department of Health and Mental Hygiene provided the data.

REFERENCES
Just the Facts: A Summary of Recent Information on America's Children and Their Families, (1993). National Commission on Children: Washington, D.C.

U.S. House. Committee on Ways and Means. *Overview of Entitlement Programs: 1992 Green Book*, (1992). U.S. Government Printing Office: Washington, D.C.

WIC Fact Sheet, (1994). Food Research and Action Center: Washington, D.C.

SCHOOL FOOD AND NUTRITION PROGRAMS

School meals is the average daily participation in the Maryland School Breakfast and Lunch Program. The Maryland State Department of Education supplied the data.

REFERENCES
Sherman, L. P. *Statement on the Link Between Nutrition and Cognitive Development in Children*, (Fall, 1993). Center on Hunger, Poverty and Nutrition Policy: Tufts University: Medford, MA.

CHILDREN'S MENTAL HEALTH

REFERENCES
Reducing Risk Factors for Mental Disorders: Frontiers for Preventive Intervention Research, (1994). Institute of Medicine: Washington, D.C.

SAFETY

CHILD DEATHS

Child death rate is the number of deaths from all causes to children 1-14 years, per 100,000 children of the same ages. Data were compiled from the Maryland Department of Health and Mental Hygiene. The total number of children ages 1-14 for the years 1985-92 was based on the Maryland population estimates from the Maryland Department of Health and Mental Hygiene.

REFERENCES
Miller, A., Fine, A. & Adams-Taylor, S. *Monitoring Children's Health: Key Indicators*, (1989). American Public Health Association: Washington, D.C.

TEEN VIOLENT DEATHS

The teen violent death rate is the number of deaths from homicides, accidents and suicides to youths ages 15-19, per 100,000 teens ages 15-19. The data were available from Maryland Department of Health and Mental Hygiene. The total number of teens ages 15-19 for the years 1985-92 was based on the Maryland population estimates from the Maryland Department of Health and Mental Hygiene.

REFERENCES
Losing Generations: Adolescents in High-Risk Settings, (1993). Commission on Behavioral and Social Sciences and Education, National Research Council: Washington, D.C.

CHILD ABUSE AND NEGLECT

The child abuse and neglect investigation rate is the number of physical abuse, neglect and sexual abuse indicated investigations per 1,000 children ages 0-17. An investigation can involve one or more children. Data on child abuse and neglect were from the Maryland Department of Human Resources. Data on total population under 18 were based on population estimates from the Maryland Department of Health and Mental Hygiene.

REFERENCES
Understanding Child Abuse and Neglect, (1993). Panel on Research on Child Abuse and Neglect, Commission on Behavioral and Social Sciences and Education, National Research Council: Washington, D.C.

U.S. Department of Health and Human Services, Administration for Children

and Families, Administration on Children, Youth and Families & National Center on Child Abuse and Neglect. *Child Abuse and Neglect: A Shared Community Concern*, (1992). Clearinghouse on Child Abuse and Neglect Information: Washington, D.C.

JUVENILE VIOLENT CRIME ARRESTS

Violent crime is defined as homicide, forcible rape, robbery and aggravated assault. Arrest rates include repeated arrests of the same individual for different offenses. Juvenile violent crime arrest rate is the number of violent arrests of youth ages 10 to 17 per 10,000 youths of those same ages. The rate is computed by dividing the number of violent arrests by the number of youth ages 10-17; that number is then multiplied by 10,000.

Note: In 1990 and 1992, the number of juvenile violent crime arrests in the counties do not sum the state total due to arrests made by statewide agencies.

Juvenile violent crime arrest data were obtained from the Uniform Crime Reporting Program, Maryland State Police Department. The number of youth, ages 10-17, was obtained from the population estimates from the Maryland Department of Health and Mental Hygiene.

REFERENCES

Kids Count Data Book: State Profiles of Child Well-being, (1994). The Annie E. Casey Foundation: Greenwich, CT.

Simons, J. M., Finlay, B. & Yang, A. *The Adolescent & Young Adult Fact Book*, (1991). Children's Defense Fund: Washington, D.C.

JUVENILE SERVICES

Juvenile Services is the number and percentage of intake cases in the Department of Juvenile Services. The Maryland Department of Juvenile Services provided the data.

REFERENCES

Statistical Report - Intake Data, Fiscal Year 1992, (1993). Maryland Department of Juvenile Services: Baltimore, MD.

SCHOOL VIOLENCE

School violence is the number of physical attacks against teacher/staff, physical attacks against student(s), verbal/physical threats against teacher/staff and verbal/physical threats against student(s) resulting in a suspension and/or expulsion from school. Data were obtained from the Maryland State Department of Education.

REFERENCES

Physical Fighting Among High-School Students--United States, 1990, (February 14, 1992). MMWR 41(06): 91-9.

TEEN SUBSTANCE USE

Teen substance use is the percentage of eighth and twelfth grade students who reported use of cigarettes, alcohol, marijuana and inhalants in the past year. Teen substance use data were obtained from the Maryland State Department of Education. Data on total fatalities in which a teenage driver was involved were provided by the National Highway Traffic Safety Administration, U.S. Department of Transportation.

REFERENCES

1992 Maryland Adolescent Drug Survey, Maryland State Department of Education, Division of Compensatory Education and Support Services and Division of Planning, Results and Information Management: Baltimore, MD.

PREPARING FOR ADULTHOOD

MARYLAND SCHOOL PERFORMANCE ASSESSMENT PROGRAM (MSPAP)

The Maryland School Performance Assessment Program assessments measure school performance in relation to standards for 1996 and Maryland's educational goals for the year 2000. Data were obtained from the Maryland State Department of Education.

REFERENCES

Mintz, M. S., Humphries, D. D. & Bailey Jones, L. *Fragile Phases: A Status Report on Baltimore's Middle Schools and their Students*, (1993). Students First: Baltimore, MD.

ON-TIME GRADUATION

On-time graduation is the percentage of ninth grade public school students who complete high school four years later. The rate was calculated by the number of high school graduates divided by the number of ninth grade students enrolled four years prior. The data were obtained from the Maryland State Department of Education.

REFERENCES

Losing Generations: Adolescents in High-Risk

Settings, (1993). Commission on Behavioral and Social Sciences and Education, National Research Council: Washington, D.C.

Sherman, A. *Wasting America's Future*, (1994). Children's Defense Fund: Washington, D.C.

Simons, J. M., Finlay, B. & Yang, A. *The Adolescent & Young Adult Fact Book*, (1991). Children's Defense Fund: Washington, D.C.

HIGH SCHOOL PROGRAM COMPLETION

High school program completion is (1) the percent of high school graduates who have completed the minimum course requirements that would qualify them for admission to the University of Maryland System and (2) the percent who have completed an approved occupational program. Requirements for an approved occupational program refers to the completion of 4 credits in a state approved occupational program (e.g., masonry, carpentry, food service and license practical nursing). The Maryland State Department of Education provided the data.

REFERENCES

Beyond Rhetoric: A New American Agenda for Children and Families, (1991). National Commission on Children: Washington, DC.

Simons, J. M., Finlay, B. & Yang, A. *The Adolescent & Young Adult Fact Book*, (1991). Children's Defense Fund: Washington, D.C.

APPENDIX

Child population is the number of children in Maryland, ages 18 and under. Child population data were derived from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File (STF) 1A, Table 12.

Children's living arrangements are the number of children under 18 living with two parents, a single parent and relatives/non-relatives. Children's living arrangements data were obtained from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, *Census of Population and Housing 1990*, STF-1A.

Median family income in 1989 data were obtained from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, *Census of Population and Housing 1990*, STF-3A, Table 109.

Adult unemployment rates were provided by the Department of Economic and Employment Development, Office of Labor Market Analysis and Information, Local Area Unemployment Statistics Program.

Percent of children with working parents includes 1) the percent of children under age 18 with all parents working (either both parents or the sole parent), and 2) the percent of women with children under 18 in the labor force. Parental labor force data were available from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, Census of Population and Housing 1990, STF-3A, table 74. Information on working mothers was obtained from the Maryland Office of Planning analysis of the U.S. Bureau of the Census, *Census of Population and Housing 1990*, STF-3A, Table 73.

Teen idleness is the number and percent of youth ages 16-19 not in school, not working and not looking for work.

Data were obtained from the U.S. Bureau of the Census, 1990.

NOTES:

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